

# 2010 CBMTG Institution Membership Form



## INSTITUTION CONTACT INFORMATION

Institution: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## MEMBERSHIP INFORMATION

Please check applicable 2009 Membership type:

<input type="checkbox"/>	1-5 Members	\$ 400.00 + GST
<input type="checkbox"/>	6-10 Members	\$ 800.00 + GST
<input type="checkbox"/>	11-15 Members	\$1200.00 + GST
<input type="checkbox"/>	16-20 Members	\$1600.00 + GST

**CBMTG Membership is based on the calendar year (January 1-December 31)**

## PAYMENT INFORMATION

**Check Payment** Checks should be made payable to **CBMTG**.

**Credit Card Payment**

Card Type:  MasterCard  Visa

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

## PERMISSIONS AND PRIVACY

CBMTG is committed to controlling the collection, use and disclosure of the personal information provided by its members and affiliates and is compliant with federal and provincial privacy laws including the federal *Personal Information Protection and Electronic Documents Act* (PIPEDA). CBMTG discloses personal information to the following parties and in the following circumstances:

- 1) CBMTG posts on its website and updates monthly a directory of its members, including work mailing addresses, phone, fax and primary e-mail address. The directory is posted in a “members only” area of the site, protected by password.
- 2) CBMTG provides mailing addresses to industry and organizational affiliates, for the purposes of mailing items that CBMTG deems of interest and/or value to its members. All mailings must first be approved by CBMTG and third parties are permitted to use the mailing list once only, and only for the approved mailing. All third parties receiving mailing lists must comply with the applicable federal and provincial Privacy Acts.

I do not wish to have the institution contact information and primary email posted in the membership directory on the members-only area of the CBMTG website.

I do not wish to have the mailing address provided to industry and organization affiliates, to be used for mailings approved by CBMTG.

## INSTITUTION MEMBERS

Please add/remove individuals in your institution who will be eligible for member benefits.

Member Name: \_\_\_\_\_  
Last First Initial

Degree(s):  MD  PhD  RN  BSc \_\_\_\_\_  Other \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

Member Name: \_\_\_\_\_  
Last First Initial

Degree(s):  MD  PhD  RN  BSc \_\_\_\_\_  Other \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

Member Name: \_\_\_\_\_  
Last First Initial

Degree(s):  MD  PhD  RN  BSc \_\_\_\_\_  Other \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

## INSTITUTION MEMBERS

Please add/remove individuals in your institution who will be eligible for member benefits.

Member Name: \_\_\_\_\_  
Last First Initial

Degree(s):  MD  PhD  RN  BSc \_\_\_\_\_  Other \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

Member Name: \_\_\_\_\_  
Last First Initial

Degree(s):  MD  PhD  RN  BSc \_\_\_\_\_  Other \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

Member Name: \_\_\_\_\_  
Last First Initial

Degree(s):  MD  PhD  RN  BSc \_\_\_\_\_  Other \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

Member Name: \_\_\_\_\_  
Last First Initial

Degree(s):  MD  PhD  RN  BSc \_\_\_\_\_  Other \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

Member Name: \_\_\_\_\_  
Last First Initial

Degree(s):  MD  PhD  RN  BSc \_\_\_\_\_  Other \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

Please print extra copies of page this page if additional institution members are required.