

2010 Membership Application

CBMTG membership is available to all professionals in the BMT field. As a member of CBMTG, you will receive exposure to and interaction with the Canadian network of multi-disciplinary BMT experts. CBMTG membership allows you to express your views via ongoing dialog with other members of your profession to impact the changing face of BMT in Canada. In addition, CBMTG members have an opportunity to participate in and develop research within the transplant arena.

As a CBMTG member, you are entitled to many benefits, including:

- Access to the members-only section of the CBMTG website including:
 - Discussion groups on BMT-related topics
 - Access to BMT documentation, including lectures and other materials
 - Updated member directory (alphabetical, geographical, and by discipline)
 - Updated information on upcoming meetings
- Links to other relevant sites of interest
- Access to the monthly CBMTG electronic Newsflash with information updates on the current happenings in Canadian BMT
- Opportunity to get involved in CBMTG Committees, including but not limited to the Multidisciplinary Committee, Lab Practices Committee and Clinical Trials Network Committee
- Member-only rates for educational webinars of practical relevance to the multidisciplinary areas of BMT
- Member-only registration rates for CBMTG meetings
- Opportunity to apply for CBMTG small budget research grants
- Opportunity for ongoing dialog with other members of your profession on issues related to transplant
- Participate in and develop research within the transplant arena in Canada

CBMTG Physician/PhD Membership (\$120 CAD): Physician/PhD membership is open to applicants with major and sustained interest in blood and marrow transplantation who hold an MD, PhD or internationally equivalent degree. Active members pay dues and have all privileges of the Society including the right to vote, hold office, and serve on committees.

Allied Health Membership (\$100 CAD): Allied Health membership is open to applications who are members of an allied profession (e.g. nursing, pharmacy, laboratory technology, social work), or members who hold a leadership position in a hospital-based blood and marrow transplantation program, affiliated university-based laboratory program or non-profit allied health care provider. Active members pay dues and have all privileges of the Society including the right to vote, hold office, and serve on committees.

CBMTG In-Training Members (\$75 CAD): In-Training membership is open to individuals registered in a relevant Baccalaureate, MSc, PhD, MD or internationally equivalent post graduate training program. An In-Training Member must provide a letter from their supervisor verifying their status and briefly describing their program of study. Active members have all privileges of membership, except the right to vote or hold office.

Please provide information, below, as you wish it to appear in the CBMTG Membership Directory:

Name: _____
(Dr./Mr./Ms.) (First Name) (Middle Initial) (Last Name)

Degree(s): MD PhD RN BSc _____ Other _____

Position: BMT Program Director Physician Research Scientist Nurse
 Professor/Assistant Professor Fellow Pharmacist Data Manager
 Laboratory Technician Social Worker Other _____

Department: _____

Institution: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Country: _____ E-Mail: _____

Phone: _____ Fax: _____

Current Interests: Please indicate, below, your current interests in the area of blood and marrow transplantation:

General	Research	Disease and Treatment
<input type="checkbox"/> Clinical Trials	<input type="checkbox"/> Clinical Research	<input type="checkbox"/> Acute Leukemia
<input type="checkbox"/> Cord Blood	<input type="checkbox"/> Gene Therapy	<input type="checkbox"/> Breast Cancer
<input type="checkbox"/> Education & Scientific Meetings	<input type="checkbox"/> Graft Engineering	<input type="checkbox"/> Chronic Leukemia
<input type="checkbox"/> Laboratory Research	<input type="checkbox"/> GVHD	<input type="checkbox"/> Multiple Myeloma
<input type="checkbox"/> Nursing	<input type="checkbox"/> Immunotherapy	<input type="checkbox"/> NHL Aggressive
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Mini Transplants	<input type="checkbox"/> NHL Low Grade
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Preparative Regimens	<input type="checkbox"/> Non-malignant Diseases
<input type="checkbox"/> Standards & Accreditation	<input type="checkbox"/> Purging	<input type="checkbox"/> Other Solid Tumours
<input type="checkbox"/> Transplant Registry	<input type="checkbox"/> T-Cell Modulation	<input type="checkbox"/> Allografting
<input type="checkbox"/> Unrelated Donor Registry	<input type="checkbox"/> Tumour Cell Detection	<input type="checkbox"/> Autografting

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 my work 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 my mailing address provided to industry and organization affiliates, to be used for mailings approved by CBMTG.

Applicant Signature: _____ Date: _____

I am applying to be a:	I have included:
CBMTG Physician/PhD Membership <input type="checkbox"/> 1-year (\$120) <input type="checkbox"/> 2-year (\$240)	<input type="checkbox"/> a completed Membership Application Form; and <input type="checkbox"/> a cheque or money order for \$120 (CAD) made payable to CBMTG; or <input type="checkbox"/> a cheque or money order for \$240 (CAD) made payable to CBMTG; or <input type="checkbox"/> credit card information as supplied below.
CBMTG Allied Health Membership <input type="checkbox"/> 1-year (\$100) <input type="checkbox"/> 2-year (\$200)	<input type="checkbox"/> a completed Membership Application Form; and <input type="checkbox"/> a cheque or money order for \$100 (CAD) made payable to CBMTG; or <input type="checkbox"/> a cheque or money order for \$200 (CAD) made payable to CBMTG; or <input type="checkbox"/> credit card information as supplied below.
CBMTG Member In-Training <input type="checkbox"/> 1-year (\$75) <input type="checkbox"/> 2-year (\$150)	<input type="checkbox"/> a completed Membership Application Form; and <input type="checkbox"/> a letter from my supervisor verifying my training status and briefly describing my program of study; and <input type="checkbox"/> a cheque or money order for \$75 (CAD) made payable to CBMTG; or <input type="checkbox"/> a cheque or money order for \$150 (CAD) made payable to CBMTG; or <input type="checkbox"/> credit card information as supplied below.

***Please note that CBMTG membership runs through the calendar year. A 1-year membership will be valid until December 31, 2010 and a 2-year membership will be valid until December 31, 2011.**

CREDIT CARD INFORMATION

Please charge my 2010 (or 2010 and 2011) CBMTG Membership Fee to the following credit card:

Credit Card Type: Visa MasterCard

Credit Card Number: _____

Credit Card Expiry Date: _____

Name on Credit Card: _____

Name of Applying Member: _____

Signature of Cardholder: _____

Please forward your completed membership application by email, fax or mail with payment to:

CBMTG Head Office
 375 West 5th Avenue, Suite 201
Vancouver, BC V5Y 1J6 Canada
 Phone 604.874.4944 Fax 604.874.4378