

# MEMBERSHIP APPLICATION

Canadian  
Dermatology  
Association



Association  
canadienne de  
dermatologie

**Full Name** *(If you prefer to use a nickname, please add)*

\_\_\_\_\_  
Last First Middle

Name to appear on correspondence \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Citizenship \_\_\_\_\_  
Day Month Year

Office Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

## MEDICAL SCHOOL NAME & YEAR OF GRADUATION

\_\_\_\_\_ Year \_\_\_\_\_

## OTHER UNIVERSITIES & DEGREES OBTAINED

Institution \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Institution \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Institution \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

## RESIDENCY TRAINING *(List the institution(s) of residency and years training began and completed)*

Institution \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_

## FELLOWSHIPS

Institution \_\_\_\_\_ Year Obtained \_\_\_\_\_

Institution \_\_\_\_\_ Year Obtained \_\_\_\_\_

## ADDITIONAL POSTGRADUATE EDUCATION

Institution \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_

**TEACHING APPOINTMENTS**

Institution \_\_\_\_\_ Position \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_

**MEMBERSHIP ON HOSPITAL STAFFS**

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP IN MEDICAL SOCIETIES**

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

Fellowship in RCPSC \_\_\_\_\_ Year \_\_\_\_\_

CSPQ \_\_\_\_\_ Year \_\_\_\_\_

Diplomate of American Board of Dermatology \_\_\_\_\_ Year \_\_\_\_\_

Dermatology - Pathology Boards \_\_\_\_\_ Year \_\_\_\_\_

Others \_\_\_\_\_ Year \_\_\_\_\_

Medical Licensure \_\_\_\_\_

**REFERENCES** *(Two CDA members in good standing)*

Name \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_

**AREAS OF SPECIAL INTEREST**

\_\_\_\_\_

Are you willing to speak with the media on your areas of specialty?

Yes

No

Preferred language of correspondence with CDA

English

French

Your photograph for archival purposes

Enclosed

To Follow

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**METHOD OF PAYMENT**

**Amount Due** \$400.00 + GST/HST

Cheque payable to **Canadian Dermatology Association** enclosed

Visa

MasterCard

Amex

**Account No.** \_\_\_\_\_

**Expiry Date** \_\_\_\_ / \_\_\_\_

**Signature** \_\_\_\_\_

**CVC** \_\_\_\_\_