



**CASEM MEMBERSHIP APPLICATION FOR NEW MEMBER
FROM JANUARY 1, 2018 TO DECEMBER 31, 2018**

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Office Phone: _____ Ext _____

E-mail: _____ Cell _____

Gender: Male () Female () Language: English () French ()

CASEM Website Login Information: *please select the username and password for your account.*

Username: _____ Password: _____

(A) MEMBERSHIP DUES TOTAL

- () Active Member \$ 350.00
- () Post graduate medical trainee (Resident/Fellow) \$ 225.00
- () Post graduate medical trainee * \$ 145.00
*Clinical Journal of Sport Medicine NOT included
- () Senior Member (retired) \$ 225.00
- () Student Member* \$ 25.00
*Clinical Journal of Sport Medicine NOT included

MEMBERSHIP CATEGORY (A) \$ _____

(B) OPTIONAL DONATION (tax deductible)

Please choose donation type: () Research Fund () L. Richard Fund () General

Total Donation: (B) \$ _____

TOTAL AMOUNT ENCLOSED

ADD LINE A+B FOR TOTAL AMOUNT PAYABLE \$ _____ (CDN)

METHOD OF PAYMENT

- VISA CARD NUMBER: _____ / _____ / _____ EXPIRY DATE: ____ / ____
- M/C CARD NUMBER: _____ / _____ / _____ EXPIRY DATE: ____ / ____
- CHEQUE NUMBER _____

AUTOMATIC RENEWAL OPTION: (please check one):

- YES, I wish to automatically renew my yearly membership with the credit card number listed above and have my receipt automatically sent to me each January
- NO, I do not wish to automatically renew my yearly membership

**TYPE OF PRACTICE** (please check all that applies):

- | | | |
|-----------------------------|----------------------------|--------------------|
| ... Anesthesiology | ... Geriatrics | ... Podiatry |
| ... Cardiovascular Medicine | ... Internal Medicine | ... Psychiatrist |
| ... CCFP | ... Military Medicine | ... Resident |
| ... CCFP (EM) | ... Neurosurgery | ... Rheumatology |
| ... Emergency | ... Occupational Medicine | ... Sport Medicine |
| ... Family Practice | ... Orthopaedic Surgery | ... Student |
| ... Fellow | ... Pediatrics | ... Other |
| ... FRCP | ... Physical Med and Rehab | |

SPORTS INTERESTED (please check all that applies):

- | | | |
|--------------------------|-------------------------|-----------------------------|
| ... Alpine skiing | ... Football | ... Snowboarding |
| ... Auto Racing | ... Freestyle skiing | ... Soccer |
| ... Badminton | ... Golf | ... Softball |
| ... Baseball | ... Gymnastics | ... Speed skating |
| ... Basketball | ... Handball | ... Squash |
| ... Biathlon | ... Ice Hockey | ... Swimming |
| ... Bobsleigh | ... In-line skating | ... Synchronized Swimming |
| ... Boxing | ... Judo | ... Tae Kwon Do |
| ... Canoe/kayak | ... Karate | ... Tennis |
| ... Cross country skiing | ... Lacrosse | ... Track/Field (Athletics) |
| ... Curling | ... Lawn Bowling | ... Triathlon |
| ... Cycling | ... Luge | ... Ultimate Frisbee |
| ... Dance Medicine | ... Rhythmic gymnastics | ... Volleyball |
| ... Diving | ... Roller Hockey | ... Water Polo |
| ... Equestrian | ... Rowing | ... Water Ski |
| ... Fencing | ... Rugby | ... Wheelchair sports |
| ... Field hockey | ... Sailing | ... Wrestling |
| ... Figure skating | ... Ski jumping | |



CASEM COMMITTEES INTERESTED (please check all that applies):

... Communication/ Marketing		...Pediatric Sport and Exercise Committee	
... Credentials (Diploma)		...Publications Committee	
...CPD		...Research Committee	
... Fellowship Committee		.. Selection for Games Committee	

INTERESTS GROUPS			
... Wilderness Medicine		...Sport Safety Committee	
...Enhancing Physical Activity		...Team Physician Committee	
...Clinical Journal of Sport Medicine		...Women's Issues in Sport Medicine (WIISM)	
... Annual Symposium		... Athletes with a Disability	

DISTRIBUTION OF CASEM MEMBERSHIP DATABASE

Check here if you **DO NOT APPROVE** distribution of your contact information (home numbers are NEVER published). Contact information can be distributed to National Sport Federations, CASEM Website Members' Only Section, other related organizations, sponsors, etc.

MEMBERSHIP VERIFICATION

I certify that I am a physician licensed to practice in the province of _____ registration number _____. I started practicing medicine in the year (please state year) _____

OR

I am a postgraduate medical trainee or medical student. Please supply a copy of your medical school registration.

OR

I am a senior (retired from active medical practice) in the province of _____. Life Members and Honorary Members are appointed. I _____ confirm that the information completed on this application is true to the best of my knowledge. (Membership becomes invalid immediately for false information provided on this form without refund or compensation of lost membership dues).

Signature _____ Date: _____