



**CASEM MEMBERSHIP RENEWAL FORM FROM
JANUARY 1, 2022 TO DECEMBER 31, 2022**

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Office Phone: _____ **Ext** _____

E-mail: _____ **Cell** _____

Language: English () French ()

Public Directory Information: (If you wish your clinic listed on the public directory, complete this section)

Clinic Name: _____

Clinic Address: _____

Clinic City: _____ **Province:** _____ **Postal Code:** _____

Office Phone: _____ **Ext** _____

E-mail: _____ **Clinic Website:** _____

Specialty: _____

(A) MEMBERSHIP DUES TOTAL

- | | |
|--|-----------|
| (<input type="checkbox"/>) Active Member | \$ 350.00 |
| (<input type="checkbox"/>) Post graduate medical trainee (Resident/Fellow) | \$ 175.00 |
| (<input type="checkbox"/>) Senior Member (retired) | \$ 175.00 |
| (<input type="checkbox"/>) Student Member* | \$ 25.00 |

*Clinical Journal of Sport Medicine NOT included

(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 (*CVC is the 3 digits on the back of your card)

- VISA CARD NUMBER: _____ / _____ / _____ / _____ EXP DATE: / / *CVC: _____
- M/C CARD NUMBER: _____ / _____ / _____ / _____ EXP DATE: / / *CVC: _____
- CHEQUE NUMBER: _____

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 Honourary 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: _____

NEW ADDRESS:

Please note that CASEM Head Office has moved.
If you are mailing in your renewal please use the address below:

CASEM - House of Sport
2451 Riverside Drive
Ottawa ON K1H 7X7