



# Canadian Society of Transplantation Soci t  canadienne de transplantation

774 promenade Echo Drive, Ottawa, ON K1S 5N8  
 TEL / T l.: 613-730-6274 FAX / T l c. : 613-730-1116  
[www.cst-transplant.ca](http://www.cst-transplant.ca) Email / Courriel : cst@rcpsc.edu

## Application for CST & TTS Membership / Demande d'adh sion SCT & TTS Trainee

Dr.  Mr.  Ms.

Name / Nom

Address / Adresse

City / Ville

Province

P.C. / C.P.

Tel / T l

Fax / T l copieur

Email / Courriel

Date of Birth / Date de naissance

Communication in / Communiquez-en  English  Fran ais

### YOUR TRAINING

Education  MD  PhD  Other

Year of graduation / Ann e d'obtention du dipl me

University of postgraduate study / Universit  des  tudes postdoctorales

University of graduate study / Universit  des  tudes doctorales

Specialty certification by / Certification par:  RCPSC/CRMSS  CMPQ  Other/Autre

**(Not mandatory to continue)**

Specialty and year obtained or expected date of completion / Sp cialit  et ann e d'obtention ou date pr vue d'obtention:

### YOUR DISCIPLINE / VOTRE PROFESSION

- Trainee – clinical fellow  Trainee – post-doctoral research fellow (PhD)
- Trainee – resident  Trainee – graduate student
- Trainee – research fellow

## YOUR PRACTICE /YOUR WORK

### Principal area(s) of interest: (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Heart, Heart/lung, Lung               | <input type="checkbox"/> Xenotransplantation                     |
| <input type="checkbox"/> Kidney                                | <input type="checkbox"/> Organ Procurement & Preservation        |
| <input type="checkbox"/> Liver and Intestine                   | <input type="checkbox"/> Immunosuppression – Experimental        |
| <input type="checkbox"/> Pancreas                              | <input type="checkbox"/> Infections                              |
| <input type="checkbox"/> Islets                                | <input type="checkbox"/> Ethics, Economics & Quality of Life     |
| <input type="checkbox"/> Cell Transplantation                  | <input type="checkbox"/> Transplantation in Developing Countries |
| <input type="checkbox"/> Bone Marrow                           | <input type="checkbox"/> Pediatrics                              |
| <input type="checkbox"/> Bio Artificial Cells and Organs       | <input type="checkbox"/> Other (please specify below)            |
| <input type="checkbox"/> Histocompatibility and Immunogenetics |  |
| <input type="checkbox"/> Immunobiology                         |  |
| <input type="checkbox"/> Experimental Transplantation          |  |

### Percentage of time spent on:

Percentage Time (Clinical):

Percentage Time (Research):

### Membership Application

I undersigned, desire to become a Member of the Canadian Society of Transplantation.

As a member, I agree to abide by the Constitution and By-laws of the Society and to contribute to the best of my ability to the advancement of its interests and objectives.

**Signature :**

### Demande d'adhésion

Je, soussigné(e), demande d'être admis(e) au titre de membre de la Société canadienne de transplantation.

Je, soussigné(e), m'engage par la présente, à observer la Constitution et les Règlements de la Société et de faire tout en mon pouvoir pour favoriser ses intérêts et objectifs.

### Method of payment:

**Registration fees:** \* CST Trainee (\$25.00) & TTS Trainee (\$25.00) - **TOTAL \$50.00 CST & TTS**

**Method of payment:** \*  VISA  Master Card

(Please note that CST cannot accept American Express / SVP noter que nous ne pouvons accepter 'American Express')  
(for one time use only) / (Pour usage unique seulement)

Credit card number: \*

Expiry date:\*  /  (mm/yy)

**TOTAL \$**

**Please fax application form to:  
Canadian Society of Transplantation  
613-730-1116**