



Canadian Society of Transplantation Société canadienne de transplantation

774 promenade Echo Drive, Ottawa, ON K1S 5N8
TEL / Tél.: 613-730-6274 FAX / Téléc. : 613-730-1116
www.cst-transplant.ca Email / Courriel : cst@rcpsc.edu

Application for Membership / Demande d'adhésion Full Member

Dr. Mr. Ms.

Name / Nom

Address / Adresse

City / Ville

Province

P.C. / C.P.

Tel / Tél

Fax / Télécopieur

Email / Courriel

Date of Birth / Date de naissance

Communication in / Communiquez-en English Français

YOUR TRAINING

Education MD PhD Other

Year of graduation / Année d'obtention du diplôme

University of postgraduate study / Université des études postdoctorales

University of graduate study / Université des études doctorales

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

(Not mandatory to continue)

Specialty and year obtained / Spécialité et année d'obtention:

Subspecialty and year obtained / Surspécialité et année d'obtention:

University or academic appointment / Poste universitaire ou académique: Yes/Oui No/Non

Academic rank / titre académique:

Name of University / Nom de l'Université:

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.

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.

Signature :

Method of payment:

Registration fee: * Full Member (\$150.00)

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**