

Membership Application

3 Ways to Join.

1

Go online:
caep.ca

2

Fill out form front
and back and email to:
cbova@caep.ca

3

Call us:
1.800.463.1158 x 17

MEMBER PROFILE

Certification MD CCFP CCFP(EM)
 FRCPC Student Other: _____

First Name _____ Initial _____

Last Name _____

Show in Directory Primary Home Address Primary Business Address

Street Address _____ Apt./Suite _____

City _____ Province _____ Postal code _____

Country _____

Telephone _____

Email _____

DEMOGRAPHIC PROFILE

Please fill out this section to help us better identify the makeup of the CAEP membership.

Hospital affiliation:

<input type="checkbox"/> Rural teaching	<input type="checkbox"/> Rural non-teaching
<input type="checkbox"/> Urban teaching	<input type="checkbox"/> Urban non-teaching

Age Group:

20 - 29 30 - 39 40 - 49 50 - 59 60+

% of clinical practice in Emergency Medicine:

0 - 25% 26 - 50% 51 - 75% 76 - 100%

How did you hear about us?

CAEP Event (Conference, Roadshow, CME in the Sun)

External Conference (ACEP, AMUQ, FMF, Rural & Remote)

Referral (CAEP Staff, Colleague, Program Director, Chief)

Social Media (Facebook, Twitter, LinkedIn)

Other Emergency Medicine activities you are involved in:

<input type="checkbox"/> Medical Director	<input type="checkbox"/> Research
<input type="checkbox"/> EMS Physician	<input type="checkbox"/> Education
<input type="checkbox"/> Pediatric	<input type="checkbox"/> Medical Administration

Academic Involvement (specify institution): _____

CATEGORIES, FEES, AND PAYMENTS

Physician Member

<input type="checkbox"/> Active (\$515)	<input type="checkbox"/> Active CAEP/AMUQ (\$360.50)
<input type="checkbox"/> Affiliate & International (\$478)	<input type="checkbox"/> Spouse (\$410)
<input type="checkbox"/> Bridge – 1 st Year Staff (\$310)	(Spouse's ID: _____)
<input type="checkbox"/> Bridge – 2 nd Year Staff (\$310)	

Resident Member

<input type="checkbox"/> Resident (\$140)	<input type="checkbox"/> Resident CAEP/AMUQ (\$125)
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Training Stream

CCFP FRCPC CCFP(EM) Date of Graduation: ___/___

Associate Member

<input type="checkbox"/> Nurse (\$265)	<input type="checkbox"/> Paramedic (\$265)
<input type="checkbox"/> Pharmacist (\$265)	<input type="checkbox"/> Physician Assistant (\$265)
<input type="checkbox"/> Research Associate (\$265)	


Student Member

<input type="checkbox"/> Student (\$90)	<input type="checkbox"/> Date of Graduation: ___/___
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Automatic Renewal:
Would you like CAEP to automatically renew your membership
each year: Yes No

Subtotal Membership Dues \$ _____

I would like to support EM Research through a donation of:

 \$50 \$100 \$250 \$500 \$1000

Grand Total \$ _____

Visa MC exp. [] [] [] [] Security Code: _____

Card # []

Signature _____ Date _____

I do NOT agree to complete research surveys by mail

I do NOT agree to complete research surveys by email

I would like to be a member of the Academic Section

I am a Pediatric Emergency Physician

Member Recruitment Program

Which CAEP Member encouraged you to join CAEP? _____

CAEP Privacy Statement

CAEP is committed to respecting the personal privacy of our members. The information below summarizes our privacy policy and practices.

- All personal information you provide is protected under the federal Privacy Act and Personal Information Protection and Electronic Documents Act (PIPEDA). You will be informed that your personal information is being collected, the purpose for which it is being collected, and how to exercise your right of access to the information.
- Member information is disclosed to CAEP personnel only in order to carry out CAEP Board-approved activities.
- Participation in research surveys conducted by CAEP members and approved by the Research Committee is voluntary.

Questions or comments regarding this policy, or the administration of the Privacy Act and the PIPEDA by CAEP may be directed to the Privacy Officer at privacy@caep.ca or by calling (800) 463-1158.