

# Membership Application

## 3 Ways to Join.

1

Go online:  
[caep.ca](http://caep.ca)

2

Fill out form front  
and back and email to:  
[cbova@caep.ca](mailto: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:

Rural teaching  Rural non-teaching  
 Urban teaching  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:

Medical Director  Research  
 EMS Physician  Education  
 Pediatric  Medical Administration  
 Academic Involvement (specify institution): \_\_\_\_\_

### CATEGORIES, FEES, AND PAYMENTS

Physician Member  
 Active (\$490)  Active CAEP/AMUQ (\$440)  
 Affiliate & International (\$455)  Spouse (\$390)  
 Bridge - 1<sup>st</sup> Year Staff (\$295) (Spouse's ID: \_\_\_\_\_)  
 Bridge - 2<sup>nd</sup> Year Staff (\$295)

Resident Member  
 Resident (\$130)  Resident CAEP/AMUQ (\$120)

Training Stream  
 CCFP  FRCPC  CCFP(EM)  Date of Graduation: \_\_\_\_/\_\_\_\_

Associate Member  
 Nurse (\$250)  Paramedic (\$250)  
 Pharmacist (\$250)  Physician Assistant (\$250)  
 Research Associate (\$250)

Student Member  
 Student (\$75)  Date of Graduation: \_\_\_\_/\_\_\_\_

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](mailto:privacy@caep.ca) or by calling (800) 463-1158.