

**Canadian Hematology Society  
Société Canadienne d'Hématologie**

**APPLICATION FOR MEMBERSHIP**

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

ADDRESS: Office  Residence   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**University Degrees:**

Degree		University	Year
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

**SPECIALITY QUALIFICATIONS**

Qualifications		Issuing Body	Year
1)	_____	_____	_____
2)	_____	_____	_____

**PROFESSIONAL APPOINTMENTS (present and former)**

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

**MAIN HEMATOLOGICAL INTERESTS** (check one or more)

Laboratory Practice \_\_\_\_\_ Clinical Practice \_\_\_\_\_  
Teaching/Research \_\_\_\_\_ Other (specify) \_\_\_\_\_

**PUBLICATIONS:** (Those most important and/or those from past 5 years)

**SPONSOR:** Name of one sponsoring Member. If applicant is not medically qualified give names of two physicians suitable for professional references:

**PLEASE INDICATE THE STATUS OF MEMBERSHIP YOU ARE APPLYING FOR:**

ACTIVE  ASSOCIATE

**MEMBERSHIP REGULATIONS**

Active Members shall be physicians engaged in the practice of clinical or laboratory hematology in Canada or Canadian physicians engaged in such practice, or persons with university degrees making continuing contributions to research in physiology or pathology in hematology in Canada. In appropriate cases, the requirement for a university degree or other qualifications may be waived if in the opinion of the Executive Committee the candidate is making significant continuing contributions to science.

Non-members may be invited to become Honorary Members of the Corporation by virtue of their outstanding contributions to any discipline which is of importance to hematology.

Active Members may request transfer to the status of Emeritus Member at the age of 65 or for other adequate reasons.

Only Active Members shall vote, hold office and pay dues. Honorary and Emeritus Members shall have the privileges of the Corporation except for voting, holding office and paying dues.

Fellows-in-training may apply to be Associate Members of the Society and will not be required to pay dues until completion of training.

**RETURN APPLICATION FORM TO:**

Dr. Molly Warner  
Secretary-Treasurer  
Canadian Hematology Society  
199 - 435 St. Laurent Blvd.  
Ottawa, ON K1K 2Z8  
or  
Email: [chs@uniserve.com](mailto:chs@uniserve.com)

Annual Dues, which only Active Members must pay, are \$75.00 per year.