

2017 APPLICATION FOR MEMBERSHIP



British Columbia Medical Association

NOTE: Please complete as many fields as possible, * indicates mandatory fields

SAVE and email to: benefits@doctorsofbc.ca
OR SAVE, print and mail to: 115 – 1665 W Broadway, Vancouver BC V6J 4A5
OR SAVE and FAX to: 604.638.2913

PERSONAL INFORMATION

| | |
|---------------------------|----------------------|
| Surname* | First Name* |
| 2 nd Name | 3 rd Name |
| Date of Birth* (mm/dd/yy) | Gender* M F |
| SIN* | |
| College Number* | CMA Number |
| MSP Billing Number | CMPA Number |

BUSINESS ADDRESS Preferred contact address? (Please check ONE Address only)

Clinic/Hospital Name: _____
Suite #: _____ Street 1: _____
Street 2: _____ City: _____ Prov: _____
Postal Code: _____ Country: _____
Email Address*: _____ Phone: _____ Cell: _____

HOME ADDRESS Preferred contact address? (Please check ONE Address only)

Suite #: _____ Street 1: _____
Street 2: _____ City: _____ Prov: _____
Postal Code: _____ Country: _____
Email Address*: _____ Phone: _____ Cell: _____

GENERAL INFORMATION

Have you ever been a **DOCTORS of BC** member *? Yes No If yes:
(mm/dd/yy) Date Joined: _____ Date Terminated: _____ Surname Used: _____
Residency/Fellowship Institution Name*? _____
Program Name*? _____
Program Start and End Date* (mm/dd/yy) From: _____ To: _____

DOCTORS OF BC / CMA MEMBERSHIP DUES (Dues amount less if CMA paid with another province)

| | | | |
|-----------|--------------------------|-------------------------|----------------------------|
| \$ 100.93 | \$ 75.70 (after April 1) | \$ 50.46 (after July 1) | \$ 25.24 (after October 1) |
|-----------|--------------------------|-------------------------|----------------------------|

As a member of the College of Physicians and Surgeons of British Columbia, I hereby apply for membership in the Doctors of BC, and agree to abide by the By-Laws, Rules and Regulations of the Association. I will pay online by debit or credit card. (Instructions will be emailed once application is processed.)

Signature*: _____ Date*: (mm/dd/yy) _____

Doctors of BC respects the privacy of its members and is committed to protecting your personal information. Please refer to our website at www.doctorsofbc.ca for our Privacy Policy. Go to "Privacy Policy" at the footer of the home page. Contact and demographic information provided on the Doctors of BC Membership Application will be shared with the CMA and used in accordance with the CMA's Corporate Privacy Policy. For a copy of CMA's Corporate Privacy Policy, visit www.cma.ca, go to "Privacy" at the footer of the home page.