

2018 APPLICATION FOR STUDENT MEMBERSHIP



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	

HOME ADDRESS *

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

GENERAL INFORMATION

Medical Training Institution Name *?	
(mm/dd/yy) Program Start Date:	Program End Date:

DOCTORS OF BC / CMA MEMBERSHIP DUES

Student Dues \$0.00 (CMA dues compliments of Doctors of BC)

IMG - AIMD BC \$0.00 (CMA dues compliments of Doctors of BC)

Your free membership as a medical student covers Doctors of BC and CMA membership for all consecutive years enrolled as a medical student. You can cancel at any time by notifying the Doctors of BC membership in writing of your cancellation.

PLEASE NOTE: If your contact information changes, please update your profile on our website by clicking on the link below:

<https://www.doctorsofbc.ca/account/member/details>

or, if you are already logged in, navigate to the **My Account** page by clicking on your name at the top right of your screen.

I hereby apply for membership with the Doctors of BC and agree to abide by the Bylaws, Rules and Regulations of the Association.

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.