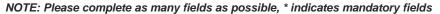
APPLICATION FOR STUDENT MEMBERSHIP



benefits@doctorsofbc.ca

SAVE and email to: OR SAVE, print and mail to: 115 – 1665 W Broadway, Vancouver BC V6J 4A5



PERSONAL INFORMATION	
Surname*:	First Name*:
2 nd Name:	3 rd Name:
Date of Birth*: (mm/dd/yy)	
SIN	
HOME ADDRESS *	
Suite #: Street 1	
Street 2:	City: Prov:
Postal Code: Coun	y:
Email Address*:	Phone: Cell:
CENEDAL INFORMATION	
GENERAL INFORMATION	
Medical Training Institution Name *	
(mm/dd/yy) Program Start Date: Program Start Date:	gram End Date:
DOCTORS OF BC / CMA MEMBERSHIP DUES	
— — —	
Student Dues \$0.00	IG - AIMD BC \$0.00
Your free membership as a medical student covers Do	ctors of BC membership for all consecutive years enrolled as a
	ship is complimentary and automatically renewed when you
	opt-out of joining the CMA this year, please check this box> time by notifying our membership department in writing.
rea can cancer year Bestere of Be membership at an	unio sy noutying our monisoromp doparanonem miang.
PLEASE NOTE : If your contact information has c website by clicking on the link below:	anged, please update your profile on our
, ,	ca/account/member/details
•	age by clicking on your name at the top right of
your screen.	
,	
I hereby apply for membership with Doctors of BC a	nd agree to abide by the Bylaws, Rules, and Regulations of
	is agree to warm by the bytane, it aloo, and it ogain to for
the Association.	
the Association. Signature*:	Date* : (mm/dd/yy)

Doctors of BC respects the privacy of members and is committed to protecting your personal information. Please visit our website at www.doctorsofbc.ca and click on our "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 only if you choose to join CMA and used in accordance with the CMA's Corporate Privacy Policy. CMA's Corporate Privacy Policy can be found at www.cma.ca, at the footer of the home page.