



Canadian Vascular Access Association (CVAA) 2010 Membership Application

Member Contact Information:

Title: Mr. Mrs. Miss Ms.

Name: _____
(Surname) (Given Names)

Address: _____

(City) (Province) (Postal Code)

Telephone: Home () _____ Provincial Registration Number: _____

CVAA Membership Number: _____ CVAA certification number (if certified): _____

Please register my CVAA membership as: Active OR Associate and New or Renewal

Hospital/Agency/Company: _____

Address: _____

(City) (Province) (Postal Code)

Telephone: Business () _____ Email Address: _____

Present Position: _____

Membership Fee (includes subscription to CVAA journals, newsletters and GST):

For Canadian residents \$110.00 before Dec. 31, 2009 or \$140.00 after Dec. 31, 2009

For Canadian residents retired prior to January 1, 2010 and 55 years of age or older: \$80.00

International membership \$160.00 Total Amount Enclosed: \$ _____

Signature _____ Date _____

Recruited by: _____

(Please acknowledge if you were recruited by another CVAA member as we have a CVAA Champion Award for the CVAA member who recruits the most members from October 1 to September 30 each year.)

Please make cheque payable to: CVAA, P.O. Box 66572, 685 McCowan Road, Scarborough, ON M1J 3N8

Telephone: (416) 696-7761 Fax: (416) 696-8437 Email: cvaa@cvaa.info, Website: www.cvaa.info

Membership Expiration Date is December 31st each year

FOR OFFICE USE ONLY:

Cheque #: _____ Receipt #: _____ Entered in database: