

Application Form

CLINICAL & SCIENTIFIC SECTION

Please fax this form Attention to:
 Co-ordinator, Professional Membership Projects
 Canadian Diabetes Association
 Fax: 416-363-7465

The membership year runs from September 1–August 31.

- Regular member – \$100.00 Associate Member/Trainee– \$25.00
 Emeritus – Complimentary (*Retired, or over age 65*) (Date of birth: _____)
 Honourary – Complimentary (*Lifetime membership*) Pregnancy Special Interest Group – \$20.00

PAYMENT INFORMATION

- Cheque (*payable to "Clinical & Scientific Section/Canadian Diabetes Association"*) Money order

Please bill my: Visa MasterCard American Express

Card number: _____ Expiry date: _____

Signature: _____

PERSONAL INFORMATION

First name: _____ Initial: _____ Last name: _____

Language preference: English French

Have you belonged to the Clinical & Scientific Section in the past? Yes No

CONTACT INFORMATION

- Home Business

Street: _____ Suite: _____

City: _____ Province: _____ Postal code: _____

Telephone: _____ Fax: _____ E-mail: _____

PRIMARY OCCUPATION

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Diabetologist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Emergency medicine | <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Family physician |
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Internal medicine | <input type="checkbox"/> Nephrologist | <input type="checkbox"/> Neurologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Obstetrician | <input type="checkbox"/> Ophthalmologist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Psychiatrist/Psychologist | <input type="checkbox"/> Rehab medicine | <input type="checkbox"/> Researcher/Scientist | <input type="checkbox"/> Fellow/Resident/Student |
| <input type="checkbox"/> Surgeon | <input type="checkbox"/> Urologist | <input type="checkbox"/> Other _____ | |

PRIMARY AND SECONDARY SPECIALTIES

Please indicate your primary ("P") and secondary ("S") for secondary specialties. Indicate only up to three specialties.

<input type="checkbox"/> <input type="checkbox"/> Administration	<input type="checkbox"/> <input type="checkbox"/> Adult endocrinology	<input type="checkbox"/> <input type="checkbox"/> Biochemistry	<input type="checkbox"/> <input type="checkbox"/> Education	<input type="checkbox"/> <input type="checkbox"/> Epidemiology
<input type="checkbox"/> <input type="checkbox"/> Exercise physiology	<input type="checkbox"/> <input type="checkbox"/> Family practice	<input type="checkbox"/> <input type="checkbox"/> Geriatrics	<input type="checkbox"/> <input type="checkbox"/> General practice	<input type="checkbox"/> <input type="checkbox"/> Immunology
<input type="checkbox"/> <input type="checkbox"/> Internal medicine	<input type="checkbox"/> <input type="checkbox"/> Metabolism	<input type="checkbox"/> <input type="checkbox"/> Nephrology	<input type="checkbox"/> <input type="checkbox"/> Neurology	<input type="checkbox"/> <input type="checkbox"/> Nutrition
<input type="checkbox"/> <input type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> <input type="checkbox"/> Ophthalmology	<input type="checkbox"/> <input type="checkbox"/> Pediatric endocrinology	<input type="checkbox"/> <input type="checkbox"/> Pediatrics	<input type="checkbox"/> <input type="checkbox"/> Pharmacology
<input type="checkbox"/> <input type="checkbox"/> Physiology	<input type="checkbox"/> <input type="checkbox"/> Podiatry	<input type="checkbox"/> <input type="checkbox"/> Psychiatry	<input type="checkbox"/> <input type="checkbox"/> Psychology	<input type="checkbox"/> <input type="checkbox"/> Public health
<input type="checkbox"/> <input type="checkbox"/> Research	<input type="checkbox"/> <input type="checkbox"/> Surgery	<input type="checkbox"/> <input type="checkbox"/> Urology	<input type="checkbox"/> <input type="checkbox"/> Other: _____	

AREAS OF INTEREST IN DIABETES

<input type="checkbox"/> Behavioural medicine and psychology	<input type="checkbox"/> Complications	<input type="checkbox"/> Diabetes in pregnancy	<input type="checkbox"/> Diabetes in youth
<input type="checkbox"/> Clinical endocrinology, healthcare and public health	<input type="checkbox"/> Education	<input type="checkbox"/> Epidemiology and statistics	<input type="checkbox"/> Exercise
<input type="checkbox"/> Foot care	<input type="checkbox"/> Gerontology	<input type="checkbox"/> Gestational diabetes	<input type="checkbox"/> Intensive therapy
<input type="checkbox"/> Immunology, immunogenetics and transplantation	<input type="checkbox"/> Molecular, cellular and biochemical aspects of diabetes	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Specialty nutrition
<input type="checkbox"/> Nutritional sciences and metabolism	<input type="checkbox"/> Pharmacology	<input type="checkbox"/> Research	
<input type="checkbox"/> Other: _____			

PRIMARY WORK SETTING

<input type="checkbox"/> Community care	<input type="checkbox"/> Government	<input type="checkbox"/> Hospital	<input type="checkbox"/> Nursing home	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Pharmaceutical/Manufacturing	<input type="checkbox"/> Private/Group practice	<input type="checkbox"/> Public health	<input type="checkbox"/> University/Academic	

EDUCATION LEVEL ACHIEVED

<input type="checkbox"/> MD	<input type="checkbox"/> PhD	<input type="checkbox"/> Masters degree	<input type="checkbox"/> Bachelors degree	<input type="checkbox"/> Diploma
<input type="checkbox"/> Other: _____				

VOLUNTEER INFORMATION

Would you be interested in serving on a committee, or in another capacity? Yes No

If yes, which of the following interests you?

<input type="checkbox"/> Advocacy	<input type="checkbox"/> C&SS Executive	<input type="checkbox"/> Clinical practice guidelines	<input type="checkbox"/> Continuing education	<input type="checkbox"/> Professional conference
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Professional publications	<input type="checkbox"/> Position statements	<input type="checkbox"/> Technical reviews	<input type="checkbox"/> Quality review
<input type="checkbox"/> Awards and grants	<input type="checkbox"/> Research	<input type="checkbox"/> Other: _____		

How did you hear about the Clinical & Scientific Section?

<input type="checkbox"/> Referral	<input type="checkbox"/> Membership brochure	<input type="checkbox"/> Conference	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Association website
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Canadian Diabetes Association

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CANADIAN DIABETES ASSOCIATION

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