



**CANADIAN ACADEMY OF SPORT MEDICINE  
ACADÉMIE CANADIENNE DE MÉDECINE DU SPORT**

*“Committed to Excellence • L'excellence dans la pratique”*

**MEMBERSHIP APPLICATION FOR NEW MEMBER  
FROM JANUARY 1, 2008 TO DECEMBER 31, 2008**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext. Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: Male ( ) Female ( ) Language: English ( ) French ( )

**(A) MEMBERSHIP DUES TOTAL**

- |  |        |
|--|--------|
| ( ) Active Member                            | \$ 295 |
| ( ) Post graduate medical trainee (Resident) | \$ 175 |
| ( ) Senior Member (retired)                  | \$ 175 |
| ( ) Student Member                           | \$ 50* |

\*Subscription to the Clinical Journal of Sport Medicine is not included with the student fee

**MEMBERSHIP CATEGORY** (A) \$ \_\_\_\_\_

**(B) OPTIONAL FIMS MEMBERSHIP** (International Federation of Sports Medicine)

You can join the International Federation of Sports (FIMS) Medicine for \$7.00 CDN if you join through CASM. An individual membership is \$50 US. See the FIMS Web site at <http://www.fims.org/fims/frames.asp> for more information.

- ( ) Yes, I would like to join FIMS for an additional \$7.00 CDN (B) \$ \_\_\_\_\_  
( ) No, I am not interested in joining FIMS this year

**(C) OPTIONAL DONATION** (tax deductible)

Please choose donation type: ( ) Research Fund ( ) L. Richard Fund ( ) General

**Total Donation:** (C) \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED**

**ADD LINE A+B+C FOR TOTAL AMOUNT PAYABLE** \$ \_\_\_\_\_ (CDN)

**METHOD OF PAYMENT**

**Do not e-mail credit card numbers. Fill in the form, print it off and fax to 613-748-5792**

- |                          |        |              |              |
|--------------------------|--------|--------------|--------------|
| <input type="checkbox"/> | VISA   | CARD NUMBER: | EXPIRY DATE: |
| <input type="checkbox"/> | M/C    | CARD NUMBER: | EXPIRY DATE: |
| <input type="checkbox"/> | CHEQUE | NUMBER       |              |



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**AUTOMATIC RENEWAL OPTION:** (please check one):

- YES**, I wish to automatically renew my yearly membership with the credit card number listed above and have my receipt automatically sent to me each January
- NO**, I do not wish to automatically renew my yearly membership

**TYPE OF PRACTICE** (please check all that apply):

- ( ) General Practitioner
- ( ) CCFP certificate, college of family physicians      ( ) CCFP (EM) Family Medicine/Emergency
- ( ) FRCPC (Fellow of the Royal College of Physicians of Canada)      ( ) Pediatrics
- ( ) FRCSC (Fellow of the Royal College of Surgeons of Canada)      ( ) Orthopedic Surgery
- ( ) Fellow      ( ) Psychiatry
- ( ) Resident      ( ) Other
- ( ) Student      ( ) Physical Med and Rehab
- ( ) Internal Medicine      ( ) Emergency

**DISTRIBUTION OF CASM MEMBERSHIP DATABASE**

- Check here if you **DO NOT APPROVE** distribution of your contact information (home numbers are NEVER published). Contact information can be distributed to National Sport Federations, CASM Web site Members’ Only Section, other related organizations, sponsors, etc.

**MEMBERSHIP VERIFICATION**

I certify that I am a physician licensed to practice in the province of \_\_\_\_\_ registration number \_\_\_\_\_. I started practicing medicine in the year (please state year) \_\_\_\_\_

**OR**

I am a postgraduate medical trainee or medical student. Please supply a copy of your medical school registration.

**OR**

I am a senior (retired from active medical practice) in the province of \_\_\_\_\_. Life Members and Honorary Members are appointed. I \_\_\_\_\_ confirm that the information completed on this application is true to the best of my knowledge. (Membership becomes invalid immediately for false information provided on this form without refund or compensation of lost membership dues).

Signature \_\_\_\_\_ Date: \_\_\_\_\_