



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

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

**NEW MEMBER APPLICATION  
FROM JANUARY 1ST, 2006 TO DECEMBER 31ST, 2006**

Name : \_\_\_\_\_ Sex: ( ) Male ( ) Female  
Clinic : \_\_\_\_\_ Language: ( ) English ( ) French  
Address : \_\_\_\_\_  
\_\_\_\_\_  
Office : \_\_\_\_\_  
Fax : \_\_\_\_\_  
Home : \_\_\_\_\_  
E-mail : \_\_\_\_\_

**(A) MEMBERSHIP DUES TOTAL**

( ) Active Member \$ 295  
( ) Post graduate medical trainee \$ 175  
( ) Senior Member (retired) \$ 175  
( ) Student Member \$ 50  
Subscription to the Clinical Journal of Sport Medicine is not included with the student fee

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

**(B) OPTIONAL MEMBERSHIP WITH FIMS** (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 at this year

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

Please choose donation type: ( ) Research Fund ( ) L. Richard Fund ( ) General  
**Total Donation:** (C) \$ \_\_\_\_\_

**TOTAL AMOUNT PAYABLE**  
**Add line A, B and C for Total** CDN \$ \_\_\_\_\_

**METHOD OF PAYMENT**

( ) Visa Card no \_\_\_\_\_ Expiry Date: \_\_\_\_\_



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( ) M/C Card no \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
( ) Cheque Number

**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 ( ) CCFP-EM ( ) FRCP ( ) Fellow ( ) Resident  
( ) Student ( ) Other  
  
( ) Emergency ( ) Pediatrics  
( ) Physical Med and Rehab ( ) Orthopedic Surgery  
( ) Internal Medicine ( ) Psychiatry  
( ) Other \_\_\_\_\_

**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 \_\_\_\_\_.

NOTE: 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).

**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.



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

**CASM COMMITTEES**

Please indicate which committees you would be interested in:

Annual Symposium	Newsletter
Education	Research
Marketing	Sport Safety
Membership	Women's Issues in Sport Medicine

The preceding list does not include the group interests or the committees which must name members according to their mandates. Please consult the Web site of the ACMS ([www.casm-acms.org](http://www.casm-acms.org)) or the portfolio of the members for a complete list.

**SPORTS INTERESTS**

The Canadian Academy of Sport Medicine provides the names of physicians interested in sport medicine to National Sport Organizations for involvement in the medical care of athletes and sport coverage.

If you are willing to have your name forwarded to these organizations, please indicate the sports you would like to work with.

Alpine Skiing	Figure Skating	Ski Jumping
Auto Racing	Football	Snowboarding
Badminton	Free Style Skiing	Soccer
Baseball	Golf	Softball
Basketball	Gymnastics	Speed skating
Biathlon	Handball	Squash
Bobsleigh	Ice Hockey	Swimming
Boxing	In-line Skating	Synchro Swimming
Canoe/Kayak	Judo	Tae Kwon Do
Cross-Country skiing	Karate	Tennis



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Curling	Lawn Bowling	Track and Field
Cycling	Luge	Triathlon
Dance Medicine	Rhythm Gymnastics	Ultimate Frisbee
Diving	Roller Hockey	Volleyball
Equestrian	Rowing	Water Polo
Fencing	Rugby	Waterskiing
Field Hockey	Sailing	Wheel Chair Sports
Wrestling		