



CANADIAN ASSOCIATION OF NIGERIAN PHYSICIANS AND DENTISTS

2018 Membership Form

Status: New Member Renewal

Gender: Male Female Speciality: _____

*Required

Personal Details

First Name * _____

Last Name* _____

Address* _____

City* _____

Province* _____

Postal Code* _____

Email Address* _____

Telephone* () _____ Mobile () _____

Please select ONE Category of Membership

- Regular:** Open to Physicians and Dentists of Nigerian heritage, Physicians married to Nigerians, Physicians who are naturalized citizens of Nigeria practicing, teaching or otherwise engaged in the medical profession in Canada. **\$350**

- Resident/Student:** Open to Residents and Fellows in training or Students enrolled in Medical or Dental School in Canada. **\$50**

- Associate:** Open to individuals in medical or allied health professions, who do not otherwise qualify for regular membership. **\$350**

- Affiliate:** Open to members who relocate to another country outside of Canada. **\$350**

- Honorary Members:** Open to retired physicians and dentists or individuals who are not members of the medical profession. **Free**

Bursary Fund Donation

I would like to support CANPAD's Bursary Fund by making a donation in the amount of \$_____

Official tax receipt will be issued for donations of \$20 or more

Payment Information

Enclosed is my cheque or money order payable to CANDPAD in the amount of CAD\$_____

You may pay online @ www.canpad.org or complete the information below:

CARD HOLDER NAME	TYPE OF CARD
CARD NUMBER	EXPIRATION DATE
SIGNATURE	TOTAL TO BE CHARGED

Please return completed form and cheque to: CANPAD 129 Darren Avenue Whitby, ON L1R 0E7
 You may also complete the application online @ www.canpad.org/membership
Thank you for your membership with CANPAD