



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* _____

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 CANPAD in the amount of CAD\$ _____
You may also pay online using credit card or paypal @ www.canpad.org

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