



# CANADIAN ASSOCIATION OF NIGERIAN PHYSICIANS AND DENTISTS

## 2017 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 CANPAD in the amount of CAD\$ \_\_\_\_\_  
You may pay online @ [www.canpad.org](http://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 46 Sir Angelo Way, Maple, ON L6A 0G5

You may also complete the application online @ [www.canpad.org/membership](http://www.canpad.org/membership)

*Thank you for your membership with CANPAD*