



Renewal Application Form – 2011 Including AMQ application (new)

Please write in CAPITAL LETTERS (En Majuscules S.V.P.)

First Name with Initial (Prénom) _____

Surname (Nom de famille) _____

Business Address including Postal/Zip Code _____

Business Telephone _____ Business Fax _____

Business E-mail _____ Residential E-mail _____

Residential Address including Postal/Zip Code _____

Residential Telephone: _____ Residential Fax: _____

Which address would you prefer for CCM correspondence? Business ____ Residential ____

FEES: Active Members: [] \$110.00 Retired/Emeritus [] \$25.00

Membership in AMQ*: [] \$ 25.00 (CCM + AMQ = \$135.00).

(*Optional—Available to all categories except Associate Members)

Send this completed form to the CCM Treasurer: madjardins@gmail.com

NEW 2011 - Use PayPal to renew CCM membership [CCM Annual Membership Fees](#)

Or, send this form with cheque or money order only to:

Dr. Marc Desjardins, CCM Treasurer
The Ottawa Hospital
501 Smyth Rd
Ottawa, Ontario Canada K4A 0A3

A receipt will be sent by E-mail or hard copy once payment is received

Un reçu vous sera envoyé par courriel ou par la poste

Thank you ~ Merci