



Membership Renewal Form Including AMQ application

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 = \$150.00). (*Optional—

Available to all categories except Associate Members)

Send this completed form to the CCM Treasurer: muhammad.morshed@bccdc.ca

Use PayPal to renew CCM membership

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

Dr. Muhammad Morshed,
BC Centre for Disease Control
655 W 12th Ave
Vancouver, BC, Canada V5Z 4R4

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