



Canadian Society of Palliative Care Physicians

Suite 584

1A – 12830 – 96th Avenue

Surrey, BC V3V 0C2

T: (604) 341-3174/F: (604) 583-0645

office@cspcp.ca

Membership Remittance Form

AMOUNT:	<input type="checkbox"/> Active Member	\$290.00
	<input type="checkbox"/> Active Member in first 3 years of practice	\$175.00
	<input type="checkbox"/> Active Member on Maternity Leave	\$175.00
	<input type="checkbox"/> Associate member – Retired	\$150.00
	<input type="checkbox"/> Associate member – Other country	\$150.00
	<input type="checkbox"/> Associate member – Scientist	\$150.00
	<input type="checkbox"/> Associate member – Medical Student/Resident/Fellow	\$50.00

Submitted by:

Name: _____

Telephone: _____

Email: _____

Method of Payment:

- Cheque (payable to: *Canadian Society of Palliative Care Physicians*)
- Credit Card Visa Mastercard Other _____

Card Number

Expiry Date

Card Holder Name

Please submit cheque or credit card information to:

Michelle Veer, Administrative Assistant, CSPCP

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