



# L'ASSOCIATION CANADIENNE DES MEDECINS ET CHIRURGIENS BARIATRIQUES

## THE CANADIAN ASSOCIATION OF BARIATRIC PHYSICIANS AND SURGEONS

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### MEMBERSHIP APPLICATION FORM

Must include signed documentation

I, \_\_\_\_\_  
(First Name) (Initial) (Last Name)  
hereby apply for membership in the Canadian Association of Bariatric Physicians and Surgeons, and, if approved, agree to abide with the constitution of the said Association.

<p><b>PRINCIPAL OFFICE/ADDRESS:</b></p> <p>Organization/Institute _____          Number &amp; Street _____          City _____          Prov/State _____ Postal/Zip Code _____          Telephone _____ Fax _____          E-mail _____</p> <p><b>PROFESSIONAL INFORMATION:</b></p> <p>Title: _____          Hospital Affiliation: _____          Practice Type: _____</p> <p><b>MEDICAL EDUCATION:</b></p> <p>University _____          City _____ Prov/State/Country _____          Degrees _____ Year of Graduation: _____          I am a Member of _____          Provincial/State Licensing Board _____</p> <p>I consent to CABPS contacting the necessary authorities, including the Medical Regulatory Authorities and Universities to confirm statements made in this application.</p> <p>Date: _____ Signature: _____</p> <p><b>ACTIVE MEMBERS:</b></p> <p><input type="checkbox"/> I wish <input type="checkbox"/> I do not wish</p> <p>to have my complete contact information as noted above posted on the CABPS website. Members contact information will not be used for any other purpose other than to inform members of CABPS business.</p>	<p><b>HOME ADDRESS:</b></p> <p>Number &amp; Street _____          City _____          Prov/State _____ Postal/Zip Code _____          Telephone _____ Fax _____          E-mail _____</p> <p><b>ACTIVE MEMBERS:</b></p> <p>Check the procedures/treatments you perform:</p> <p><input type="checkbox"/> Laparoscopic Gastric Bypass  <input type="checkbox"/> Laparoscopic Gastric Banding  <input type="checkbox"/> Laparoscopic BPD with Duodenal Switch  <input type="checkbox"/> Laparoscopic Sleeve Gastrectomy  <input type="checkbox"/> Open BPD with/without Duodenal Switch  <input type="checkbox"/> Revisional Surgery  <input type="checkbox"/> Medical Interventions  <input type="checkbox"/> Behavioral Interventions  <input type="checkbox"/> Specialized Diets (e.g. VLCD)  <input type="checkbox"/> Other _____          (specify)</p> <p><b>CANADA ANTI-SPAM REQUIREMENTS:</b></p> <p><b>This section MUST be completed in order for the application to be processed.</b></p> <p>CABPS communicates electronically with its membership; in accordance with the Canada Anti-Spam Law, you must indicate whether you wish to receive electronic correspondence from us:</p> <p><input type="checkbox"/> I AGREE to receive electronic correspondence.  <input type="checkbox"/> I DO NOT wish to receive electronic correspondence.</p>
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### Payment Details

MEMBERSHIP CATEGORIES: [Please select one]	FEES	TAX	TOTAL
<input type="checkbox"/> <b>Active</b> [Physicians and Surgeons]	\$195	\$25.35 (13% HST)	<b>\$220.35</b>
<input type="checkbox"/> <b>Associate</b> [Postgraduate Trainee, Retired Physician /Surgeon]	\$60	\$7.80 (13% HST)	<b>\$67.80</b>
<input type="checkbox"/> <b>Affiliate</b> [Allied Health Professionals, Medical Students, Scientists, Surgeons & Surgical Trainees Abroad]	\$39.55	\$5.14 (13% HST)	<b>\$44.69</b>
<input checked="" type="checkbox"/> <b>IFSO Membership</b>			<b>TOTAL</b>
<input type="checkbox"/> <b>Obesity Surgery</b> (Online version of Journal)	US \$80 OR <b>CDN\$105</b>		
<input type="checkbox"/> <b>Obesity Surgery &amp; SOARD</b> (Print and online version of Journal)	US\$150 OR <b>CDN \$195</b>		
<input type="checkbox"/> <b>IFSO Membership [non surgeons]</b> (Print and online version of Journal)	US\$20 OR <b>CDN \$26</b>		
<b>SUBTOTAL</b>			
<b>TOTAL</b>			

Please note that charges to your credit card will show under the name: **CANADIAN ASSOCIATION OF BARIATRIC PHYSICIANS AND SURGEONS**

Cheque enclosed Charge to

Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Cardholder's Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

HST #848456968 RT0001