



2017 MEMBERSHIP APPLICATION FORM

Name: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Business Phone: _____
Fax: _____ Email: _____
Hospital(s): _____

ACTIVE MEMBERSHIP - \$395 per calendar year

Active Members shall be physicians who are:

1. Licensed to practice medicine in the province of British Columbia as a Fellow of the Royal College of Physicians and Surgeons in Emergency Medicine, or practising Emergency Medicine in BC as a Certificant of the College of Family Practice in Emergency Medicine [CCFP (EM)], or as a Certificant of the American College of Emergency Physicians, or
2. Engaged in the practice, teaching and/or administration (combination greater than 60% of total medical duties) of emergency medicine in British Columbia.

FIRST YEAR MEMBERSHIP - \$200 per calendar year

First Year Members shall be physicians who fulfill criteria for Active Membership **AND**: have either just finished residency or fellowship training and/or just moved to BC from out-of-Province.

RESIDENT MEMBERSHIP - NO FEE

Resident Members are members who are training in Emergency Medicine.

TO JOIN THE SECTION OF EMERGENCY MEDICINE

BCMA Member:

Please mail this form with your cheque payable to the **BCMA Section of Emergency Medicine**

Doctors of BC
Attention: Gabrielle Lynch-Staunton
115 - 1665 West Broadway
Vancouver, BC V6J 5A4

Non-Member of the BCMA:

Please mail this form with your cheque to:

Dr Krystaleah Lindsay
SEM Treasurer
3215 39th Ave W.,
Vancouver BC V6N 2Z9

FOR INFORMATION

Telephone (604) 638-2856

Toll-free: 1-800-665-2262 Ext. 2856

Fax (604) 638-2938

THANK YOU FOR YOUR SUPPORT!