

**Canadian Society  
for Vascular Surgery**



**Société canadienne  
de chirurgie vasculaire**

**APPLICATION FOR MEMBERSHIP/ FORMULAIRE D'ADHÉSION**

To the Executive Committee of the Canadian Society for Vascular Surgery: I hereby submit my application for./  
Par la présente, je fais une demande d'adhésion pour :

Last Name /Nom de famille	First Name/Prénom	Middle/Initiale	Title/Titre

Date & Place of Birth/Date et lieu de naissance :

--	--

Residential Address/Adresse à domicile


City/Ville

Province

Postal Code/Code postal

Phone/Téléphone: \_\_\_\_\_

Fax/Télécopieur: \_\_\_\_\_

E-mail/Courriel: \_\_\_\_\_

Other/Autre: \_\_\_\_\_

Office Address/adresse de bureau:


City/Ville

Province

Postal Code/Code postal

Phone/Téléphone: \_\_\_\_\_

Fax/Télécopieur: \_\_\_\_\_

E-mail/Courriel: \_\_\_\_\_

Other/Autre: \_\_\_\_\_

Address preferred for correspondence/Adresse préférée pour la correspondance: Residential/Domicile :  Office/ Bureau

Name of institution with which you are currently affiliated/Nom de l'institut auquel vous êtes affilié:

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Size of Community you practice in :

How long in practice/Période de l'affiliation:

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Undergraduate training: University/city

Degrees/Degrés

Medical School/Institut medical:

--	--	--

Year graduated/Année de graduation:

Internship (If applicable) Name/City of Institution:

Year completed:

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Office Address Number & Street/Numéro & rue:

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Residency Training: University/City:

Year completed:

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Vascular Fellowship: University/City:

Year completed

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LMCC Year:	Certificate Number:	
RCPSC Fellowship: Year:	*Certificate of Special Competence: (*please include a photocopy of your Certificate of Special Competence with your application)	Year:

Practice limited to:

Give % of practice devoted to Vascular Surgery)

Hospital Staff Appointments

Medical School Teaching Appointments:

Society Memberships:

**\*The Canadian Society for Vascular Surgery requires letters of reference from two Society members in support of your application, and who are well aware of your work.**

1)Name:

Address:

2)Name:

Address:

**If elected to membership of the Canadian Society for Vascular Surgery, I agree to attend its annual meetings regularly and contribute to the Society by presentation of papers, participation at the meetings, and to abide by the rules and bylaws of the Society. I agree  I do not agree**

**Signature:**

**Date:**

**Payment for one year's membership/Cotisation annuelle:**

- \$325 Active/Actif (Holding a certificate in Surgery from RCPSC or The Professional Corporation of Physicians of Quebec, or another comparable body)
- \$325 Associate/Associé (Any person interested in vascular disease)
- \$N/C Candidate membership/candidat (vascular Fellows, residents in training)

**\*Please return completed application, with required certificates and have sponsors send letters of support to/  
Faites parvenir votre formulaire d'adhésion et lettres d'appuis à:**

Canadian Society for Vascular Surgery/Société canadienne de chirurgie vasculaire  
774 Echo Drive, Ottawa, ON K1S 5N8  
Tel: 613-730-6263 Fax: 613-730-1116  
Email: [csvs@rcpsc.edu](mailto:csvs@rcpsc.edu)