

# Membership Application


For Active Membership, **please print a copy of this form** and mail it completed with a cheque for the membership fee (see table below) to the Executive Secretary listed below.

Annual Membership Dues		
Membership Type (check below)		CDN
<input type="checkbox"/>	Active Member	\$300
<input type="checkbox"/>	Associate Member	\$250
<input type="checkbox"/>	Academic Member	\$200
<input type="checkbox"/>	Retired Member	\$15
<input type="checkbox"/>	Student Member	\$15

- **Fees must be paid by January 1.** Members whose fees are not paid at that time, shall be considered delinquent and suspended from membership. A reinstatement fee of \$50.00, in addition to paying all indebtedness to the Academy, will be necessary to re-establish membership.
- **Do Not Send Cash.** Payment may be made by cheque or credit card.

Payment by Cheque
Please make cheques payable to: The Canadian Academy of Endodontics

*or*

Payment by Credit Card

Name on Card: _____
Credit Card No.: _____
Expiry Date: _____ / _____ Month Year

Please mail registration form and payment to:

Dr. Wayne Acheson, CAE Executive Secretary 301-400 St. Mary Avenue, Winnipeg, MB, R3C 4K5
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Name:   
Citizenship:   
Date of Birth:

**Address and Communication:**

**A. Office:**

Suite   
Building   
Street   
City   
Province/State   
Zip Code   
Telephone   
Fax   
E-Mail

**B. Home:**

Street   
City   
Province/State   
Zip Code   
Telephone

**Education:**

**A. Pre-Dental:**

University   
Years in Attendance   
Degree

**B. Dental Undergraduate:**

University

Degree

Year

**C. Specialty Training in Endodontics:**

University

Degree

Specialty Certificate

Year

Title of Thesis

Are you willing to present your research at the Academy AGM?

Yes  No

**D. University Appointments:**

If affiliated with a university, please state type of appointment:

Academic Rank:

- Affiliation:  Not Affiliated  
 Full Time  
 Half Time  
 Part Time

**E. Professional, Scientific, or Hospital Organizations:**

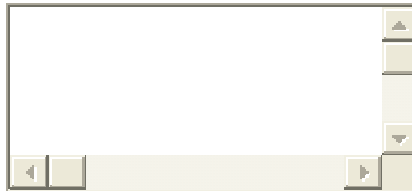
Please state organizations that you are a member of:

List in this space:

**F. Publications or Endodontic Presentations:**

Please state title, journal or location and date::

List in this space:



**G. Category Applied For:**

Note categories and criteria listed under the Academy Constitution and Bylaws (Bylaws Chapter 1, Sections 1.1 and 1.2)

- Category:  Active  
 Retired  
 Associate  
 Honorary  
 Life  
 Student  
 Medically-Compromised

**H. Sponsors:**

Please list two sponsors (members of the Canadian Academy of Endodontics)\*

Sponsor 1

Sponsor 2

Note: If you do not know members of the Academy, please submit the form and the executive secretary will contact you.

Please mail registration form and payment to:

Dr. Wayne Acheson, CAE Executive Secretary  
301-400 St. Mary Avenue, Winnipeg, MB, R3C 4K5