



Preventing and treating infectious diseases  
Prévenir et traiter les infections

Association of Medical Microbiology  
and Infectious Disease Canada

Association pour la microbiologie  
médicale et l'infectiologie Canada

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## APPLICATION FORM FOR ASSOCIATE MEMBERSHIP STATUS

### GENERAL INFORMATION AND INSTRUCTIONS

- ❖ Before completing this form, we recommend that you read the categories of membership enclosed. You can contact the AMMI Canada Secretariat to discuss your requirements and applicable fees.
- ❖ For active or sustaining memberships, kindly fill in the appropriate application forms available on our website at [http://www.ammi.ca/the\\_society/application.php](http://www.ammi.ca/the_society/application.php)
- ❖ AMMI Canada has privacy protection policies in regards to confidential information submitted by membership candidates. These can be viewed on our website at <http://www.ammi.ca/media/30561/document17.pdf>.

### APPLICANT INFORMATION (Please print clearly)

Last name		First name	Initials		
Mailing Address (for publication in directory)		City	Province	Postal code	Country
Correspondence Address (if not the same as above)		City	Province	Postal code	Country
Telephone	Fax	Email address			

Organization/Affiliation \_\_\_\_\_

Department/Division \_\_\_\_\_

Section: Infectious Diseases (ID)  Medical Microbiology (MM)  Medical Microbiology & Infectious Diseases (MM&ID)

Language of correspondence: French  English  Sex: M  F  Designation: MD  PhD  PharmD  Other \_\_\_\_\_

Year of completion of medical school or post graduate studies \_\_\_\_\_ Institution \_\_\_\_\_

Would you be interested in participating in any of the following committees?

- Guidelines  Program Planning  PR & Communications  Education   
 Grants & Awards  Antimicrobial Resistance  Associate

**Endorsement by Program Director:** I hereby support the membership of the applicant named in this document

Infectious Diseases  Medical Microbiology  MM & ID

Name of Program Director \_\_\_\_\_ University Affiliation \_\_\_\_\_

Signature \_\_\_\_\_ Date (YEAR/MM/DD) \_\_\_\_\_

**Endorsement by an Active AMMI Canada Member (only required if Program Director is NOT an AMMI Canada Member):** I hereby support the membership of the applicant named in this document

Member Name \_\_\_\_\_ Signature \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ Date (YEAR/MM/DD) \_\_\_\_\_