



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 ACTIVE 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 sustaining or associate memberships, kindly fill in the appropriate application forms available on our website at http://www.ammi.ca/the_society/application.php
- ❖ You are kindly requested to complete this application form and return it to us with a copy of your CV.
- ❖ 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/pdf/AMMICanadaPrivacyPolicy_en.pdf

APPLICANT INFORMATION (Please print clearly)

Last name		First name	Initials		
Mailing Address (for publication in directory)		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 _____

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

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

Endorsement by Two (2) AMMI Canada Active members

I hereby support the membership of the applicant named in this document

1st Member Name _____ Signature _____

2nd Member Name _____ Signature _____

Signature of applicant _____ Date (YEAR/MM/DD) _____