



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

101-298 rue Elgin Street  
Ottawa ON K2P 1M3

(613) 260-3233

(613) 260-3235

info@ammi.ca

www.ammi.ca

## APPLICATION FORM FOR ASSOCIATE MEMBERSHIP STATUS

### GENERAL INFORMATION AND INSTRUCTIONS

- ❖ Before completing this form, we recommend that you read the categories of membership. You can contact the AMMI Canada Secretariat to discuss your requirements and 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/pdf/AMMICanadaPrivacyPolicy\\_en.pdf](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 \_\_\_\_\_

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

Expected year of completion of specialty \_\_\_\_\_ Institution \_\_\_\_\_

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

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

\*\*\*\*\*

**Endorsement by Program Director:** I hereby state that the applicant is a full time registrant in our training program in:

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)