



Canadian Menopause Society  
Soci t  canadienne de la m nopause

## Membership Registration

Full Name and Title: \_\_\_\_\_

Specialty: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Tel. Office: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

URL: \_\_\_\_\_

I am a member of:

SOGC

NAMS

IMS

Other: \_\_\_\_\_

\_\_\_\_\_

Membership fee: **\$50.00 Can.** This will cover the period from the date of registration to January 2010.

Total remitted: \$ \_\_\_\_\_

Payment options: cheque, money order, VISA, or Mastercard. For cards, please complete the following:

Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail to: SIGMA Canadian Menopause Society  
Suite 600, 1285 West Broadway  
Vancouver, British Columbia  
Canada V6H 3X8

By fax TOLL FREE: 1-866-236-8030

Thank you for supporting SIGMA Canadian Menopause Society.