



## Application for Membership

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**Name:** \_\_\_\_\_

**Hospital Affiliation:** \_\_\_\_\_

**University/Institution Affiliation:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel/Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please detail in brief your research interests and how CNN can assist you:**

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I would like to be a member of the Canadian Neonatal Network™ and agree to abide by the rules of membership (please see the CNN Policies and Procedures booklet under Membership at the CNN Website [www.canadianneonatalnetwork.org](http://www.canadianneonatalnetwork.org)). I am attaching a copy of my CV.

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**Signature**

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**DATE**

Please email/fax this completed form, along with a copy of your CV.  
Fax: (416) 586-8546 ATTN: Sandy Maksimowska, Interim CNN Coordinator  
E-mail: [smaksimowska@mtsinai.on.ca](mailto:smaksimowska@mtsinai.on.ca)