



**Application for Membership**

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

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

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

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

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

**NICU Director:** \_\_\_\_\_

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

**Appointed CNN Site Investigator:** \_\_\_\_\_

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

\_\_\_\_\_ 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).

\_\_\_\_\_  
**Site Investigator Signature**

\_\_\_\_\_  
**Date**

Please email/fax this completed form, along with a copy of your CV.  
Fax: (416) 586-8745    ATTN: Sandy Maksimowska, CNN Coordinator  
E-mail: [smaksimowska@mtsinai.on.ca](mailto:smaksimowska@mtsinai.on.ca)