



## Application for Individual Membership

---

---

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

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**DATE**

Please email/fax this completed form, along with a copy of your CV, to:  
ATTN: Neha Goswami, Coordinator  
E-mail: [Neha.Goswami@sinaihealth.ca](mailto:Neha.Goswami@sinaihealth.ca)