



Application for Institutional Membership

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 or fax this completed form, along with a copy of your CV

ATTN: pa@cnncan.org, ad@cnncan.org Coordinator

E-mail: pa@cnncan.org, ad@cnncan.org