



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 this completed form](#), along with a copy of your CV, to:

ATTN: Neha Goswami

E-mail: Neha.Goswami@sinaihealth.ca