



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). I am attaching a copy of my CV.

Signature

DATE

Please email/fax this completed form, along with a copy of your CV
ATTN: Nevetha Balachandran, Coordinator
E-mail: Nevetha.Balachandran@sinaihealth.ca Fax: (416) 586-8546