

# CANADIAN SOCIETY FOR THE HISTORY OF MEDICINE SOCIÉTÉ CANADIENNE D'HISTOIRE DE LA MÉDECINE

Application for Membership/ Demande d'adhésion

**NOTE:** IF YOU ARE RENEWING YOUR MEMBERSHIP AND YOUR CONTACT INFORMATION *HAS NOT* CHANGED, PLEASE SIMPLY FILL THE ITEMS ABOVE THE DOUBLE LINE AND RETURN WITH MEMBERSHIP FEE.

\_\_\_\_\_  
*Name /Nom*

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

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

Please send me a receipt/SVP m'envoyez un réception

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## Mailing information:

\_\_\_\_\_  
*Dept* *Institution*

\_\_\_\_\_  
*Street /rue* *City/ville* *Prov* *PC/CP*

\_\_\_\_\_  
*Telephone* *E-mail address/adresse électronique*

## Information for CSHM membership directory

\_\_\_\_\_  
*Address if different from above*

\_\_\_\_\_

\_\_\_\_\_  
*Profession*

\_\_\_\_\_  
*Graduate of/Diplômé de* *Year/Année*

- I wish to receive the communications in English*
- Je désire recevoir les communications en français.*
- I do not wish to have my contact information posted on the CSHM website.*
- Je ne désire pas que vous mettez mes informations sur le site internet du SCHM.*

Area(s) of historical interest :

### Memberships/Abonnements

- Regular/Membres réguliers \$60.00
- Corporate/Institutions \$75.00
- Family/Familles \$65.00
- Senior/Aînés (65 ans et plus) \$30.00
- Student/Étudiants \$30.00

### Please return to/Veuillez renvoyer à:

Dan Malleck,  
Secretary/treasurer, CSHM/SCHM  
Community Health Sciences  
Brock University  
500 Glenridge Ave  
St. Catharines, ON, L2S 3A1

Note. The CSHM-SCHM membership year is April 1-March 31.