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CONTACT INFORMATION

14	Ms. O Mr.	
Name:		
	First Last	
Address:		
	City Province Postal	Code
Office Pho	ne:	
Office Fax:		
Home Pho	ne:	
Email:		
MEMBEF	RSHIP CATEGORY	
Please check	< which category you wish to apply for:	
O Active	A Person is eligible to be an Active Member if he or she is a physician who has been duly certified as a specialist in the practice of pediatrics by the Royal College of Physicians and Surgeons of Canada, or equivalent, and who is in active practice in British Columbia.	\$450
O Associa		\$200
O First Yea of Practice		\$100
O Residen Medical Student		Free!
O Retired	A Person is eligible to be a Retired Member if he or she was formerly an Active Member in good standing who has now retired from the active practice of pediatrics in British Columbia.	\$25
PAYMEN	TINFORMATION	
There are th	ree options for payment:	
1) Contac	t <u>admin@bcpeds.ca</u> and ask for instructions to pay via e-transfer.	
	visit our website, and pay online with a credit card.	
3) Or, you	can mail this application, along with your cheque. Completed forms can also be in@bcpeds.ca.	e emai

Brian Evoy, Executive Director **BC** Pediatric Society Room 2D19, 4480 Oak Street Vancouver, BC V6H 3V4