

APPLICATION FOR INDIVIDUAL MEMBERSHIP

NAME: _____

EMAIL: _____

PROFESSION: _____

INSTITUTION: _____

ADDRESS: _____

TEL/FAX: _____

UNIVERSITY AFFILIATION:
(if applicable) _____

Please tell us how you would like to be involved with CNFUN:

I would like to be a member of the Canadian Neonatal Follow-Up Network and agree to abide by the rules of membership.

Signature

Date