

APPLICATION FOR SITE MEMBERSHIP

PRIMARY SITE CONTACT: _____

EMAIL: _____

PROFESSION: _____

INSTITUTION: _____

ADDRESS: _____

TEL/FAX: _____

UNIVERSITY AFFILIATION:
(if applicable) _____

INDIVIDUALS TO BE LISTED UNDER SITE MEMBERSHIP:

| NAME | EMAIL | PROFESSION |
|-------|-------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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Please tell us how you or your site 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.

Primary Site Contact Signature

Date