



ACTIVE MEMBERSHIP Application
(available to Urologists working in Canada or USA)

Active - \$150 CAD for 1st 2 years
(available to 1st time members only) then \$300 CAD

INTERNATIONAL MEMBERSHIP Application
(available to Urologists working outside of Canada)

International - \$150 CAD

Date of Application (YYYY-MM-DD)*

Membership Category Requested* Active International

Family Name* Given Name(s)*

Preferred first name for correspondence

Date of Birth (YYYY-MM-DD)* Partner's Full Name

Gender* Female Male Non-binary Language Preference* French English

If the option were to become available, would you prefer to receive the CUA Journal in E-format only? Y N

Medical School* Year of MD*

Current Practice* Community Academic Locum

I have obtained Certification in Urology Y N

If Yes, Certified by the following regulatory body (RCPSC, ABU, etc) If Yes, Certified in the following year

CONTACT INFORMATION (*Only one mailing address is required)

Email* Alternate Email

Business Address This is preferred Address Y

Street Address City/Town

Province/State Postal/Zip Code Country

Phone Fax

Home Address This is preferred Address Y

Street Address City/Town

Province/State Postal/Zip Code Country

Phone Fax

REFERENCES: Provide the names of two CUA members who would endorse your application

1* 2*

Payment Options

1. Online credit card payment through CUA website following application approval

2. Credit Card Amex MC Visa N° Exp.

3. Canadian fund cheque or Money order written to "Canadian Urological Association"

* Mandatory field

Note: Benefits become available following application approval and receipt of payment.