



ASSOCIATE MEMBERSHIP Application

Annual Dues: \$50 CAD

(for non-Urologist Physicians, Non-physician Health Care Professionals, & Researchers)

Date of Application (YYYY-MM-DD)*

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

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

FOR PHYSICIANS

Medical School*

Year of MD*

Specialty*

FOR NON-PHYSICIAN HEALTH CARE PROFESSIONALS

Health Care Profession/Position*

FOR RESEARCHERS

Field of research*

PhD Y

N

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

No.

Exp

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

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

* Mandatory field