



CANDIDATE MEMBERSHIP Application

Annual Dues: Free

(for Urology Residents & Fellows)

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

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
Home Address This is preferred Address Y
Street Address City/Town
Province/State Postal/Zip Code Country
Phone

FOR UROLOGY RESIDENTS

Medical School* Year of MD*
Urology Residency University* Date of anticipated completion of Residency (YYYY-MM)*

FOR UROLOGY CLINICAL OR RESEARCH FELLOWS

Medical School* Year of MD*
Urology Residency University* Year of Residency Completion*
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
I am a Clinical Fellow* Y N If Yes, in the following sub-specialty
I am a Research Fellow* Y N Total Length of Fellowship in Months
Date of anticipated completion of Fellowship (YYYY-MM)*
Fellowship Program/Research Director*

REFERENCE

All Fellows and US Residents must have their Program Director send an email verifying their enrollment in the above Residency or Fellowship Program to corporate.office@cua.org

* Mandatory field

Benefits become available following application approval.