



Join or Renew - SRPC Membership

Please complete the details below and keep us up to date.

Name: _____ Date: _____

Address: _____ *Notes/Comments: what rural areas have you or are you serving? Do rural locums?*

Preferred Phone: _____

Cell: _____

Office/Home: _____

E-mail: _____ (cc'd address) _____

- RuralMed RuralStudentMed CJRM - Receive the CJRM Electronically No CJRM
 MedRurale RuralAnesthesia CJRM – Print Subscription + Electronic - (Members Rate \$100 /yr)

- MM/YY of Birth: _____ • Year of Grad: _____ • Practice: _____ • Med School: _____
- Does your practice include any of the following? GP Surgery • GP Anesthesia • GP Obs
- Have you ever been published in the CJRM? Yes • No
- Years Practising Rural # _____ • Years as Rural Preceptor # _____

Membership Dues - Amount Including Applicable Taxes

	<i>NB, NL, NS, PE 15%</i>	<i>ON 13%</i>	<i>QC 14.98%</i>	<i>Rest of Canada 5%</i>	<i>International (no tax)</i>
Active*/***	\$621.00	\$610.20	\$620.87	\$567.00	\$540.00
Resident	\$23.00	\$22.60	\$23.00	\$21.00	\$20.00
Associate**	\$172.50	\$169.50	\$172.46	\$157.50	\$150.00
Retired	\$57.50	\$56.50	\$57.49	\$52.50	\$50.00
Affiliate	\$747.50	\$734.50	\$747.34	\$682.50	\$650.00
Family/Non Md Partner	\$23.00	\$22.60	\$23.00	\$21.00	\$20.00
Student Free <input type="checkbox"/>					

*50% discount for members in their first year of practice in rural and remote Canada
 **Associate members are non-MDs (Nurse, Midwife, EMT, Academia all allied health providers)
 *** Auto Renew is only available to Physicians. Please provide payment details below.

We invite you to donate to:

- Support the publication of the CJRM, the voice of rural doctors in Canada since 1995. \$ _____
- Adopt a Student: Help keep SRPC membership free for students. \$ _____
- General Donation: Help the SRPC with its activities in support of Rural Medicine. \$ _____
- International Projects: Support the work of the SRPC's International Committee \$ _____

Cheque Payable to SRPC or Visa, Mastercard, AmEx or Diners CJRM Print Subscription (\$100.00): \$ _____

*****Please Auto Renew My Membership**

Name on card _____ Membership Dues: \$ _____

Card # _____ CVV: _____ Donations: \$ _____

Expiry Date _____ Signature: _____ Total: \$ _____

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