



Canadian Society of Palliative Medicine

Suite 584
1A – 12830 – 96th Avenue
Surrey, BC V3V 0C2
T: (604) 341-3174/F: (604) 583-0645
office@pallmed.ca

Membership Remittance Form

AMOUNT:	<input type="checkbox"/> Active Member	\$298.70
	<input type="checkbox"/> Active Member in first 3 years of practice	\$180.25
	<input type="checkbox"/> Active Member on Maternity Leave	\$180.25
	<input type="checkbox"/> Associate member – Retired	\$154.50
	<input type="checkbox"/> Associate member – Other country	\$154.50
	<input type="checkbox"/> Associate member – Scientist	\$154.50
	<input type="checkbox"/> Associate member – Medical Student/Resident/Fellow	\$51.50

Submitted by:

Name: _____

Telephone: _____

Email: _____

PAYMENT OPTIONS:

- By Direct Deposit: CIBC
2107 Harvey Avenue, Kelowna, BC, V1Y 9X4
Bank No. 010, Transit No. 06060, Account No. 3200418
Please email confirmation to: office@pallmed.ca
- E-transfer via office@pallmed.ca
- Cheque (payable to: *Canadian Society of Palliative Medicine*)
- Credit Card Visa Mastercard Other _____

Card Number

Expiry Date (MMYY)

CVV

Card Holder Name

Postal Code

Please submit e-transfer, cheque or credit card information to:
Michelle Veer, Membership & Administrative Coordinator, CSPM
Suite 584
1A – 12830 – 96th Avenue
Surrey, BC V3V 0C2
Fax: (604) 583-0645