

# 2019 APPLICATION FOR MEMBERSHIP



British Columbia Medical Association

**NOTE: Please complete as many fields as possible, \* indicates mandatory fields**

SAVE and email to: [benefits@doctorsofbc.ca](mailto:benefits@doctorsofbc.ca)  
OR SAVE, print and mail to: 115 – 1665 W Broadway, Vancouver BC V6J 4A5  
OR SAVE and FAX to: 604.638.2913

## PERSONAL INFORMATION

Surname*	First Name*
2 <sup>nd</sup> Name	3 <sup>rd</sup> Name
Date of Birth* (mm/dd/yy)	Gender* M F
SIN*	
College Number*	CMA Number
MSP Billing Number	CMPA Number

## BUSINESS ADDRESS Preferred contact address? (Please check ONE Address only)

Clinic/Hospital Name: \_\_\_\_\_  
Suite #: \_\_\_\_\_ Street 1: \_\_\_\_\_  
Street 2: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Email Address\*: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## HOME ADDRESS Preferred contact address? (Please check ONE Address only)

Suite #: \_\_\_\_\_ Street 1: \_\_\_\_\_  
Street 2: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Email Address\*: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## GENERAL INFORMATION

Have you ever been a **DOCTORS of BC** member \*? Yes No If yes:  
(mm/dd/yy) Date Joined: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ Surname Used: \_\_\_\_\_  
Residency/Fellowship Institution Name\*? \_\_\_\_\_  
Program Name\*? \_\_\_\_\_  
Program Start and End Date\* (mm/dd/yy) From: \_\_\_\_\_ To: \_\_\_\_\_



As a member of the College of Physicians and Surgeons of British Columbia, I hereby apply for membership in the Doctors of BC, and agree to abide by the By-Laws, Rules and Regulations of the Association. I will pay online by debit or credit card. (Instructions will be emailed once application is processed.)

**Signature\*:** \_\_\_\_\_ **Date\*:** (mm/dd/yy) \_\_\_\_\_

Doctors of BC respects the privacy of its members and is committed to protecting your personal information. Please refer to our website at [www.doctorsofbc.ca](http://www.doctorsofbc.ca) for our Privacy Policy. Go to "Privacy Policy" at the footer of the home page. Contact and demographic information provided on the Doctors of BC Membership Application will be shared with the CMA and used in accordance with the CMA's Corporate Privacy Policy. For a copy of CMA's Corporate Privacy Policy, visit [www.cma.ca](http://www.cma.ca), go to "Privacy" at the footer of the home page.