

Application for Membership

Thank you for your interest in joining the Canadian Undersea & Hyperbaric Medical Association. Our membership is committed to research, sound treatment, and education in the fields of diving medicine, hyperbaric oxygen therapy and wound care. Thank you for becoming a part of our organization.

Last Name:	First:	MI:	Suffix:	Degrees:	Birthdate:
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Please list preferred MAILING ADDRESS: If using Business Address, please include Organization Name.

Address _____

City _____

Province _____ **Postal Code** _____ **Country** _____

Daytime # _____ **Fax #** _____

Email _____

*** Email is required: this is where notices will be sent**

MEMBERSHIP LEVEL: Please choose a membership level

	Dues	Qualifications
Regular (R)	\$125.00 per year	Regular Members of the Society shall be physicians or doctorate level health care professionals (MD, DO, PhD, DPM, DDS, or equivalent). This category includes Associates waived by the BOD as exceptional cases.
Associate (A)	\$75.00 per year	Hyperbaric technicians, nurses, physician assistants, respiratory therapists, undergraduate students, diving supervisors, certified scuba instructors, or other hyperbaric or diving personnel with specialized technical or research backgrounds, but who do not possess the academic qualifications for Regular Membership, can become Associate Members of the Society. Regular Members (retired) who are 65 or older and are not working, can also fall under this category; however, they will not have voting rights. Associate Members have restrictions on voting and eligibility to hold office.
Affiliate Member	\$75.00 per year	International hyperbaric and diving medicine organizations approved by the CUHMA BOD Affiliate Members are not entitled to vote or to hold office.

Credentials (as listed on membership certificate) _____

Medical Specialty: _____

Are you a member of the Canadian Medical Association? YES NO

Are you Board Certified? YES NO If yes, which Board? _____

Are you a member of the UHMS? YES NO

As a member of the CUHMA I agree to abide by the Constitution and Bylaws of the Canadian Undersea & Hyperbaric Medical Association. A copy of these documents may be viewed at our website. To assist us in upholding these standards, please sign and date this application and return.

Signed: _____ Date: _____

Are you a member of any other international hyperbaric medicine organization, if so please specify:

Email applications to membership@cuhma.ca or fax to 416-223-6764

Payment information: Payment is in CAD only

- **Credit Cards:** www.cuhma.ca – CUHMA membership page
- **Cheque or money order** payable to CUHMA or to Canadian Undersea & Hyperbaric Medical Association.
- **Interac email:** to treasurer@cuhma.ca
- **Mail payment to:** Richard Johnson Treasurer,
Canadian Undersea & Hyperbaric Medical Association.
170 Yorkshire St. North.
Guelph, ON Canada N1H 5B8
(416) 998-0267
treasurer@cuhma.ca