MEMBERSHIP APPLICATION

Thank you for your interest in joining the Canadian College of Medical Geneticists. Please review the membership categories listed below and submit your completed application to the CCMG Management office at the address noted above or by e-mail to info@ccmg-ccgm.org. Your application will be reviewed by the Board of Directors.

Certificants of the Royal College of Physicians and Surgeons of Canada in Medical Genetics who are applying for CCMG Fellowship (Regular member) must first apply to have their credentials reviewed by the CCMG’s Credentials Committee. Application forms are available on our website at www.ccmg-ccgm.org/credentials and must be submitted to the CCMG along with the $150 credentials fee. Following a favourable review by the Credentials Committee, the CCMG Board of Directors will review the membership application form.

Former members of the CCMG interested in reinstating their membership may complete the membership application form and submit it to the College.

MEMBERSHIP CATEGORIES

1. Regular member:
   - has successfully completed the required post-graduate studies or the equivalent;
   - has successfully passed examinations required by the Board of Directors;
   - is supported by at least two (2) Regular or Emeritus members in good standing of the College;
   - has received Credentials Committee approval (please see details above);
   - pays annual dues of $475.00;
   - participates in and complies with the Maintenance of Certification program, including the payment of MOC fees.

2. Fellow-in-Training Affiliate:
   - is at the time of application a fellow duly enrolled as a trainee in a CCMG-accredited post-graduate training program, or a resident in Medical Genetics in a residency program accredited by the Royal College of Physicians and Surgeons of Canada;
   - is supported by at least two (2) Regular or Emeritus members in good standing of the College;
   - is entitled to serve on standing or special committees of the College with the exception of the Examinations Committee, the Credentials Committee, the Accreditation of Centres Committee, the Nominations Committee or the Board of Directors;
   - does not have voting rights at Annual General Meetings of the College;
   - pays annual dues of $100.00.

3. Associate Affiliate:
   - non-CCMG certified individuals whose professional activities relate to medical genetics;
   - is supported by at least two (2) Regular or Emeritus members in good standing of the College;
   - is entitled to serve on standing or special committees of the College with the exception of the Examinations Committee, the Credentials Committee, the Accreditation of Centres Committee, the Nominations Committee or the Board of Directors;
   - does not have voting rights at Annual General Meetings of the College;
   - pays annual dues of $250.00.
MEMBERSHIP APPLICATION FORM

Applying for  □ Regular member  □ Fellow-in–Training Affiliate  □ Associate Affiliate

Name: ______________________________ Degree (s): ______________________________

Gender: □ Male  □ Female  Date of Birth: ______________________________

Department: _______________________________________________________________

Institution: _______________________________________________________________

Address: _________________________________________________________________

City/Province: ______________________________ Postal Code: _____________________

Phone: ______________________________ Fax: _________________________________

E-mail: _________________________________________________________________

Current position or title: _____________________________________________________

Language(s) spoken (check all that apply): □ English  □ French  □ Other: ________

Biographical Sketch:

• **Education**: (Begin with baccalaureate, include postdoctoral training if any).

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• **Professional Experience**: (Beginning with earliest position, list, in chronological order, previous employment. Also include membership on committees including offices held and dates).

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CCMG Fellow-in-Training Affiliate Support Form*

Supporter 1

Applicant’s name: ____________________________________________________________

(*must be completed by two Regular or Emeritus members in good standing of the College.)

I, ______________________________________________________ have known the applicant for

_______ years in the capacity of ________________________________________________.

I attest to the following requirements as outlined in Article 3 of the CCMG Bylaws (2014):

(i) Is, at the time of application

a fellow duly enrolled as a trainee in a CCMG accredited post-graduate training

program, or a resident in a Medical Genetics residency program accredited by the

Royal College of Physicians and Surgeons of Canada;

(ii) Is of good character and reputation.

I hereby support the application for Fellow-in-Training Affiliate of the CCMG.

__________________________________  ________________________  __________
Print name                      Signature                      Date

Additional Comments:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
CCMG Fellow-in-Training Affiliate Support Form*

Supporter 2

Applicant’s name: __________________________________________________________

(*must be completed by two Regular or Emeritus members in good standing of the College.)

I, ________________________________________________________________ have known the applicant for

_______ years in the capacity of ____________________________________________.

I attest to the following requirements as outlined in Article 3 of the CCMG Bylaws (2014):

(i) Is, at the time of application

a fellow duly enrolled as a trainee in a CCMG accredited post-graduate training

program, or a resident in a Medical Genetics residency program accredited by the

Royal College of Physicians and Surgeons of Canada;

(ii) Is of good character and reputation.

I hereby support the application for Fellow-in-Training Affiliate of the CCMG.

__________________________  __________________________  ___________
Print name                Signature            Date

Additional Comments:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________