



# Society of Rural Physicians of Canada / Société de la médecine rurale du Canada

www.srpc.ca — membership@srpc.ca  
Box 893, Shawville, QC J0X 2Y0  
Phone: 877-276-1949 or (819) 647-7054 — Fax: (819) 647-2485

## Here is my application to join

Dr.  Mr.  Mrs  Ms. Name: \_\_\_\_\_ M  / F

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Town \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel - Office \_\_\_\_\_ Fax: \_\_\_\_\_

Home \_\_\_\_\_ E-Mail: \_\_\_\_\_

The SRPC manages several email discussion groups. Please indicate which, if any, you would like to join.

RuralMed  MedRurale  StudentRuralMed  RuralAnesthesia

### Please Indicate:

Student  Resident  GP/FP  Specialist  NP/RN/PA Other: \_\_\_\_\_

Specialty / Extended Skills / Other \_\_\_\_\_

Medical School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Here is a little about myself: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Membership Dues	Total Amount Including Applicable Taxes					
	AB, MB, NT, NU, PE, SK, YT - 5%	BC - 12%	QC - 12.9%	NB, NL, ON - 13%	NS - 15%	International
<b>Active*</b> \$390	<b>\$409.50</b>	<b>\$436.80</b>	<b>\$440.21</b>	<b>\$440.70</b>	<b>\$448.50</b>	<b>\$390.00</b>
Resident \$20	\$21.00	\$22.40	\$22.58	\$22.60	\$23.00	\$20.00
<b>Associate**</b> \$100	<b>\$105.00</b>	<b>\$112.00</b>	<b>\$112.88</b>	<b>\$113.00</b>	<b>\$115.00</b>	<b>\$100.00</b>
Retired \$50	\$52.50	\$56.00	\$56.44	\$56.50	\$57.50	\$50.00
<b>Student Free</b>						

\*Dues waived for members in their first year of practice in rural and remote Canada

\*\*Associate applies to non-MDs

### We invite you to make a donation 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 \$ \_\_\_\_\_

### Method of Payment

### Amount Due

Cheque Payable to SRPC or Visa or Mastercard

Name on card \_\_\_\_\_ Membership Dues: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Donations: \$ \_\_\_\_\_

Expiry Date \_\_\_\_\_ Signature: \_\_\_\_\_ Total: \$ \_\_\_\_\_

GST Reg. #891003394

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