



**FEDERATION OF MEDICAL WOMEN OF CANADA**  
**FÉDÉRATION DES FEMMES MÉDECINS DU CANADA**

**2018-19 FMWC MEMBERSHIP APPLICATION AND RENEWAL FORM**

**\*\*\*Best done online at [www.fmwc.ca](http://www.fmwc.ca)\*\*\***

*The FMWC respects your privacy and will not knowingly release personal contact information outside of our organization without your permission.*

Title (circle one): Ms. / Dr. / Mr. / Other: \_\_\_\_\_

First Name: \_\_\_\_\_

Last name: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal code: \_\_\_\_\_

Tel. office: \_\_\_\_\_

Office extension: \_\_\_\_\_

Tel. home: \_\_\_\_\_

Fax: \_\_\_\_\_

Work email: \_\_\_\_\_

Home email: \_\_\_\_\_

**Preferred method of communication (circle one):**

Office phone / Home phone / Office email / Home email

**Status (circle one):** Physician / Resident / Medical Student / Retired / Associate

**If trainee, expected date of graduation (year):** \_\_\_\_\_

**Medical Specialty:** \_\_\_\_\_

**Subspecialty:** \_\_\_\_\_

**Type of practice (circle one):** Academic center / Community practice / Both

**University Affiliation:** \_\_\_\_\_

**Areas of Interest:** \_\_\_\_\_

**FMWC Branch:** \_\_\_\_\_

**Member since:** \_\_\_\_\_

**How did you hear about the FMWC?** \_\_\_\_\_

**Are you interested in speaking to the media on behalf of the FMWC on a specific topic? (circle one):** Yes/No

**Are you interested in mentoring medical students/residents? (circle one):** Yes/No

Federation of Medical Women of Canada | | Fédération des Femmes Médecins du Canada

1021 Thomas Spratt Place, Ottawa (ON) Canada K1G 5L5

T: 613.569.5881 OR TF: 1.844.215.8455

F: 613.249.3906 | | W: FMWC.ca



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**Are you available as a clinical preceptor? (circle one):** Yes/No

**MEMBERSHIP YEAR**

The FMWC membership year you are currently renewing or applying for starts on May 1, 2018. Your membership will have to be renewed via our simple website 3-step-renewal online form on April 30<sup>th</sup>, 2019 for the following membership year.

**MEMBERSHIP CATEGORIES**

Every member of the FMWC must be a female graduate of an accredited medical school and reside in Canada. Every member shall have one vote at FMWC meetings.

**Physician membership fee: \$210.00**

**Retired physician membership fee: \$80.00**

**Resident membership fee: \$70.00**

**ASSOCIATE MEMBERSHIP CATEGORIES**

FMWC welcomes Associates who may be male or female and need not be a member of the medical profession. Associates do not have voting privileges.

**Associate membership fee: \$130.00**

**Student membership fee: \$25.00**

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**PAYMENT**

**Membership dues owed: \$** \_\_\_\_\_

**Donations (circle below): \$** \_\_\_\_\_

- FMWC and Student Activities (No tax receipt available)
- Maude Abbott Loan Fund (Tax receipt available)
- Maude Abbott Research Fund (Tax receipt available)

**Total: \$** \_\_\_\_\_

**Method of Payment (circle one):** Cheque (payable to FMWC) / VISA / MasterCard

**Credit Card Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**3-Digit Security (back of card):** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**If you were invited to join the FMWC by a current member, please let us know their name so we can thank them:** \_\_\_\_\_.

**PLEASE COMPLETE AND RETURN (SCANNED OR MAILED) WITH PAYMENT TO THE FMWC NATIONAL OFFICE. ONCE RECEIVED, YOU WILL BE EMAILED A RECEIPT.**

*Thank you for your membership!*

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