



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

FMWC MEMBERSHIP APPLICATION AND RENEWAL FORM

*****Best done online at 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, 2020. Your membership will have to be renewed via our simple website 3-step-renewal online form on April 30th, 2021 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
Physician membership fee (2 year):	\$385.00
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

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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