



### SECTION 1 - PRIMARY CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### SECTION 2 - FACILITY INFORMATION

Facility \_\_\_\_\_ Suite/Floor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### SECTION 3 - MEMBERSHIP TYPE

Membership period begins the date of application approval. Memberships purchased before September 1 will expire on December 31 of the year of purchase. Memberships purchased on or after September 1 will extend to December 31 of the following year.

**Active Membership - 12 months (\$50) or 24 months (\$80)** \_\_\_\_\_ (A)

*For all personnel employed in Medical Device Reprocessing Departments*

**Associate Membership - 12 months (\$50) or 24 months (\$80)** \_\_\_\_\_ (B)

*For individuals with an allied relationship with Medical Device Reprocessing Departments ie. Administrators, Educators, Vendors, etc.*

**Tax (#813400587 RT0001)** \_\_\_\_\_ (C)

*13%- Ontario, 15%- Nova Scotia, New Brunswick, Newfoundland, Prince Edward Island, 5%- British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, Northwest Territories, Nunavut, Yukon*

**Total Payment (A+B+C)** \_\_\_\_\_

Membership forms may be submitted online, by email or mail.

Canadian Association of Medical Device Reprocessing

4 Cataragui Street, Suite 310, Kingston, ON K7K 1Z7

www.CAMDR.ca | info@camdr.ca