

CACH MEMBERSHIP & DIRECTORY INFORMATION

To become a member of the Canadian Adult Congenital Heart Network you must fully complete the form below to be considered. All fields are required. Note: Annual Fee of \$100 (Fellows-in-training and non-physician members are exempted).

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CACH Network
6835 Century Avenue,
2nd Floor
Mississauga, Ontario,
L5N 2L2
Canada
Tel: 905.826.6665
Fax: 905.826.4873
Web: cachnet.org

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____ E-mail: _____

Telephone 1: _____ Telephone 2: _____

BACKGROUND

Medical Degree (if applicable): _____ Year: _____

University Degree (if applicable): _____ Year: _____

University Degree (if applicable): _____ Year: _____

Where are you currently working? _____

PROFESSION (select one)

- Adult Cardiologist Pediatric Cardiologist Cardiac Surgeon
 Nurse Other (please specify in "Professional Qualifications")

PROFESSIONAL QUALIFICATIONS

NAMES OF TWO SPONSORS (optional) - Sponsors should be CACH Network Members

Sponsor 1: _____ Sponsor 2: _____