



Canadian Pediatric Endocrinology Nurses  
Infirmières Canadiennes en Endocrinologie Pédiatrique

**CPEN MEMBERSHIP APPLICATION**                      **Year** \_\_\_\_\_

Name \_\_\_\_\_    Credentials \_\_\_\_\_

Current Position/Title \_\_\_\_\_

Institution \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_                      Province \_\_\_\_\_                      Postal Code \_\_\_\_\_

Work Phone \_\_\_\_\_                      Work Fax \_\_\_\_\_

Work E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_                      Province \_\_\_\_\_                      Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_                      Home Fax \_\_\_\_\_

Home E-mail \_\_\_\_\_

Preferred place of contact (check one):  work  home

How many years have you worked in pediatric endocrinology? \_\_\_\_\_

What area(s) of pediatric endocrinology is of special interest to you? \_\_\_\_\_

\_\_\_\_\_

Would you be willing to be on a resource list for nurses?  yes  no

**MEMBERSHIP DUES:**

- |  |         |
|--|---------|
| <input type="checkbox"/> Active RN (non-industry)          | \$30.00 |
| <input type="checkbox"/> Sustaining RN (marketing/service) | \$30.00 |
| <input type="checkbox"/> Associate (non-RN)                | \$30.00 |

Please pay your dues by December 31<sup>st</sup> of previous year, using the PayPal link on the CPEG website homepage: <http://www.cpeg-gcep.net>.