



Canadian Association for Clinical
Microbiology and Infectious Diseases
L'Association Canadienne de Microbiologie
Clinique et des Maladies Contagieuses

2017 CACMID New Members & Membership Renewal Form

Name: _____ Degrees: _____

Department: _____

Work Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: (____) _____

Email: _____

The Board Members have passed a motion to post a membership directory on the CACMID web site and to make this list available to reputable companies. **If you DO NOT wish to have your name and affiliation listed, please check here:**

MEMBERSHIP FEES

- \$50** Regular Member
- \$20** Student Member (students must provide proof of their status)
- \$800** Sustaining Member
- \$20** Retired Member

**Please make cheque payable to CACMID
or use PayPal at www.CACMID.ca/membership/join-us**

Please send dues to:

Matthew Gilmour, CACMID Secretary-Treasurer
c/o National Microbiology Laboratory
1015 Arlington Street
Winnipeg, MB R3E 3R2

Fax: 204.789.2097
Email: Matthew.Gilmour@cacmid.ca