



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) _____ (A)

For all personnel employed in Medical Device Reprocessing Departments

Associate Membership - 12 months (\$50) _____ (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

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