



Membership Registration

Name: _____ MSP Billing #: _____

Email: _____

Office Address: _____

City: _____ Postal Code: _____

Office Phone: _____ Fax: _____

Cell: _____

Please indicate your preferred method of contact: Phone ____ Email ____ Fax ____

The following questions are designed to check your interest level in various aspects of the Division. Checking an item in no way commits you to that item. However, if you do choose to assist the Division, we want to acknowledge the value of your time and contribution with an honorarium based on the current sessional/hourly rate set by the Doctors of BC.

I am interested in:

____ serving as a board member.

____ being part of a working/planning group.

____ taking a lead role in the development of a future program.

____ the Residential Care Program.

____ the Preceptorship of a UBC Family Practice Resident.

____ Other: _____

Do you have a practice interest? (i.e. geriatrics, addictions) _____

We often have catering with meetings. Please advise of any:

Dietary restrictions: _____

Allergies: _____

The Abbotsford Division of Family Practice's accounting department uses RBC Direct deposits to pay all invoices. To accomplish this, the Abbotsford Division of Family Practice requires your banking information to automatically credit your bank account. *(Please see attached Direct Deposit Authorization form)*

Please contact the Division office with any changes to your contact information.

If you have any further questions, please do not hesitate to contact us at 604-746-3302.

Denise Thandi

Member Services

778-908-7529

dthandi@divisionsbc.ca



The term of Membership is five (5) years, which term will expire at the conclusion of the Annual General Meeting that occurs during the fifth year.

I acknowledge and agree that information gained as a member of the Abbotsford Division of Family Practice will remain confidential, and not distributed.

I acknowledge and agree that the information provided in this Membership Registration form is collected to confirm membership in the Division, and may be used for communication purposes. The information collected will remain the confidential property of the Division and will not be shared with any third parties, with the exception of the Doctors of BC.

Signature

Date

Printed Name

Board Approval

Date

For Office Use only:

DivIT Login: _____

Password: _____

UpToDate Login: _____

Password: _____

Pathways Login: _____

Password: _____