

Membership form—2010

Dr. Mr. Mrs. Ms.

First Name _____

Last Name _____

Sex Male Female

Date of Birth
D D M M Y Y

Institution _____

Department _____

Address _____

City _____ Province _____

Postal Code _____ Country _____

Phone Number _____ Ext. _____

Fax _____

E-mail _____ @ _____

Amount paid with this subscription: _____ \$

I want to receive the official publication of the CAAH:

In English In French In both

My address can be used by similar associations in order to announce meetings and educational material or to allow other professionals in the field to contact me.

Yes No

**Name of other members in your group:
reserved for institutional and group**

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

**ONLY FOR THOSE
WHO DO NOT RENEW THEIR MEMBERSHIP**

- I do not renew because I do not work in the field of adolescent health anymore.
- As of this year, I do not wish to renew my membership.

Please, give us your first and last name and your address.

Subscription Rates

Registration for a calendar year.

GST and other taxes included

Single membership: 90\$
Student full time: 20\$
*Institutional/Group membership: 295\$

***Institutional/Group membership.** When an institution or an organization subscribes for membership, the fees are 90\$. **However, fees are more advantageous for an organization, institution, or group** who wants to subscribe for 4 to 7 members (only 295\$ for all). **Each member registering must fill in a separate subscription form** and she/he will receive our publications individually and will also be able to pay a reduced rate when attending CAAH's meetings.

Please verify the following before sending your membership form:

► *If you have answered all the sections in this form*

► *If you have included your cheque to CAAH*

► *If each member has completed this subscription form in case of an Institutional/Group membership*

RETURN TO

Canadian Association for Adolescent Health
CHU Sainte-Justine
7e bloc 2
3175 cote Sainte-Catherine
Montreal QC H3T 1C5

Phone: 514-345-9959
Fax: 514-345-4778
Email: acsacaah@globetrotter.net

Subscription form 2010



CAAH

Canadian Association for Adolescent Health

www.acsa-caah.ca
www.youngandhealthy.ca

WORKPLACE

(You may indicate more than one)

- A. CLSC
- B. Private Office
- C. School
- D. Public Health
- E. City Health Department
- F. Hospital
- G. University
- H. Community Organization
- I. Youth Centres
- J. Children Aid Society
(Youth protection)
- K. Custodial Facilities
- L. Government, Ministries,
Governmental Organizations
- M. School Board
- Z. Others

PROFESSION

(One answer only!)

- A. Nurse
- B. Social Worker
- C. Psychologist
- D. Teacher
- E. School Counselor
- F. Child Life Worker,
Occupational Therapist
- G. Community Worker, Street Worker
- H. Sexologist
- I. Coordinator
- J. Family Doctor
- K. Paediatrician
- L. Gynecologist
- M. Psychiatrist
- N. Other medical specialties
- O. Dentist
- P. Librarian, Documentalist
- Q. Nutritionist
- R. Administrator
- S. Research Agent
- Z. Others

TYPE OF WORK

(You may indicate more than one)

- A. Clinical Intervention
- B. Teaching
- C. Prevention, Promotional Activities
- D. Health Education
- E. Clinical Coordination
- F. Group's animation
- G. Community Work
- H. Public Health
- I. Research
- J. Administration
- K. Documentation, Library
- L. Volunteers
- M. Media
- N. Street work
- O. Program Development
- Z. Others

TOPIC OF INTEREST

(You may indicate more than one)

- A. Parent-adolescent relationships
- B. Behavior problems
- C. Sexuality, pregnancy,
- D. Handicaps, chronic diseases
- E. Sexual abuse
- F. Anorexia nervosa and bulimia
- G. Suicide, suicide attempt, depression
- H. STD, AIDS
- I. Drug abuse
- J. General health: growth,
dermato, ortho, sports
- K. Rights and Laws
- L. Adolescent development
- M. Learning disorders
- N. Violence
- O. Nutrition and obesity
- P. Psychosomatic complaints