

Membership form—2004

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: 60\$

Student full time: 20\$

*Institutional/Group membership: 185\$

***Institutional/Group membership.** When an institution or an organization subscribes for membership, the fees are 60\$. However, fees are more advantageous for an organization, institution, or group who wants to subscribe for 4 to 7 members (only 185\$ 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

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Subscription form 2004



CAAH

Canadian Association
for
Adolescent Health
<http://www.acsa-caah.ca>

WORKPLACE <small>(You may indicate more than one)</small>	PROFESSION <small>(One answer only!)</small>	TYPE OF WORK <small>(You may indicate more than one)</small>	TOPIC OF INTEREST <small>(You may indicate more than one)</small>
<input type="checkbox"/> A. CLSC <input type="checkbox"/> B. Private Office <input type="checkbox"/> C. School <input type="checkbox"/> D. Public Health <input type="checkbox"/> E. City Health Department <input type="checkbox"/> F. Hospital <input type="checkbox"/> G. University <input type="checkbox"/> H. Community Organization <input type="checkbox"/> I. Youth Centres <input type="checkbox"/> J. Children Aid Society <small>(Youth protection)</small> <input type="checkbox"/> K. Custodial Facilities <input type="checkbox"/> L. Government, Ministries, <small>Governmental Organizations</small> <input type="checkbox"/> M. School Board <input type="checkbox"/> Z. Others	<input type="checkbox"/> A. Nurse <input type="checkbox"/> B. Social Worker <input type="checkbox"/> C. Psychologist <input type="checkbox"/> D. Teacher <input type="checkbox"/> E. School Counselor <input type="checkbox"/> F. Child Life Worker, <small>Occupational Therapist</small> <input type="checkbox"/> G. Community Worker, Street Worker <input type="checkbox"/> H. Sexologist <input type="checkbox"/> I. Coordinator <input type="checkbox"/> J. Family Doctor <input type="checkbox"/> K. Paediatrician <input type="checkbox"/> L. Gynecologist <input type="checkbox"/> M. Psychiatrist <input type="checkbox"/> N. Other medical specialties <input type="checkbox"/> O. Dentist <input type="checkbox"/> P. Librarian, Documentalist <input type="checkbox"/> Q. Nutritionist <input type="checkbox"/> R. Administrator <input type="checkbox"/> S. Research Agent <input type="checkbox"/> Z. Others	<input type="checkbox"/> A. Clinical Intervention <input type="checkbox"/> B. Teaching <input type="checkbox"/> C. Prevention, Promotional Activities <input type="checkbox"/> D. Health Education <input type="checkbox"/> E. Clinical Coordination <input type="checkbox"/> F. Group's animation <input type="checkbox"/> G. Community Work <input type="checkbox"/> H. Public Health <input type="checkbox"/> I. Research <input type="checkbox"/> J. Administration <input type="checkbox"/> K. Documentation, Library <input type="checkbox"/> L. Volunteers <input type="checkbox"/> M. Media <input type="checkbox"/> N. Street work <input type="checkbox"/> O. Program Development <input type="checkbox"/> Z. Others	<input type="checkbox"/> A. Parent-adolescent relationships <input type="checkbox"/> B. Behavior problems <input type="checkbox"/> C. Sexuality, pregnancy, <input type="checkbox"/> D. Handicaps, chronic diseases <input type="checkbox"/> E. Sexual abuse <input type="checkbox"/> F. Anorexia nervosa and bulimia <input type="checkbox"/> G. Suicide, suicide attempt, depression <input type="checkbox"/> H. STD, AIDS <input type="checkbox"/> I. Drug abuse <input type="checkbox"/> J. General health: growth, <small>dermato, ortho, sports</small> <input type="checkbox"/> K. Rights and Laws <input type="checkbox"/> L. Adolescent development <input type="checkbox"/> M. Learning disorders <input type="checkbox"/> N. Violence <input type="checkbox"/> O. Nutrition and obesity <input type="checkbox"/> P. Psychosomatic complaints