

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**

(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