



**The Foundation for Medical Practice Education**  
**McMaster University**  
 1280 Main Street West, DTC Basement Level  
 Hamilton, Ontario L8S 4L8  
 Canada

For further information, please contact The Foundation at:  
 Telephone: (905) 525-9140, ext. 22219  
 Toll-free: 1-800-661-3249  
 Fax: (905) 540-4988  
 E-mail: fmpe@mcmaster.ca  
 Website: www.fmpe.org

## PBIL MEMBERSHIP REGISTRATION FORM

*Please complete both sides of this form.*

### PRACTICE BASED INDIVIDUAL LEARNING (PBIL) PROGRAM

Please choose one of the following:

New member     Renewing member

*Note: Annual program start date is September*

Please choose one of the following options:

- |                                   |                             |   |
|-----------------------------------|-----------------------------|---|
| <input type="checkbox"/> Option A | Canada: CDN\$330.00         | = all modules published during the year             |
|                                   | USA / Mexico*: CDN\$370.00  |   |
|                                   | International*: CDN\$405.00 |   |
| <input type="checkbox"/> Option B | Canada: CDN\$225.00         | = 9 modules from the previous year's list of topics |
|                                   | USA / Mexico*: CDN\$240.00  |   |
|                                   | International*: CDN\$260.00 |   |
| <input type="checkbox"/> Option C | Canada: CDN\$175.00         | = 6 modules from the previous year's list of topics |
|                                   | USA / Mexico*: CDN\$190.00  |   |
|                                   | International*: CDN\$210.00 |   |

*\*includes shipping costs*

*Please call to see if you qualify for a pro-rated membership fee.*

*(If choosing Option B or C, please submit your completed list of available topics along with this membership registration form.)*

### Contact Information

Please indicate your language preference:     English                       French                      Gender:     Male     Female  
 Designation:     MD     MD-Emergency only                       NP/RN(EC)     RN                       Other \_\_\_\_\_

### PLEASE PRINT

Name: \_\_\_\_\_

Preferred Mailing Address:  home  work \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Work Phone: (general) (\_\_\_\_\_) \_\_\_\_\_

(private) (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternate Mailing Address (optional): \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

### Payment Information

Cheque enclosed (payable in Canadian funds only to The Foundation for Medical Practice Education)

Visa     MasterCard     AMEX    Amount: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp.: \_\_\_\_\_ Signature: \_\_\_\_\_

*The Foundation for Medical Practice Education (FMPE) is committed to protecting the privacy of all individuals (members and non-members) who interact in any way with the FMPE and its Practice-Based Learning Programs.*

*Please go to [www.fmpe.org/en/documents/privacy.html](http://www.fmpe.org/en/documents/privacy.html)*

*Please contact your provincial chapter of the Canadian Medical Association for information on eligibility for reimbursement.*

**(please turn over)**

