



## 2006 Student Membership Application

*Please print or type*

Name to appear on College membership certificate

Ms. Mrs. Mr. Dr.

Date of birth \_\_\_\_\_  
(month/day/year)

\_\_\_\_\_  
Last name First name Middle initial

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City Province Postal code

\_\_\_\_\_  
Telephone Fax

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

Language Spoken/Written:  French  English  Bilingual

Language of preference for College correspondence:  French  English

### Year and Current University Program

\_\_\_\_\_  
Name of Program University

\_\_\_\_\_  
Date entered (mth/yr) Year of completion (mth/yr) Degree conferred

### Position Held – if applicable

\_\_\_\_\_  
Position Title Organization

\_\_\_\_\_  
Location Length of service (month/year to month/year)

### Eligibility requirements

Student membership is for students who are registered in a graduate program from an approved degree granting institution that has a health service management component.

Student membership applications received by June 30 of any year will be valid for the remainder of that calendar year; applications received after June 30 of any year will be valid until December 31 of the following year.

Students **must re-apply** for membership either as active or associate member on completion of the program or after two years whichever come first.

### Supporting documents required:

- Letter of acceptance in a health service graduate program from the university
- Copies of diplomas and degrees previously acquired or transcripts
- Copy of your Curriculum Vitae



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## How did you learn about the College?

- Internet
- Mailing
- College Member  
Name: \_\_\_\_\_
- College Chapter
- College Conference
- Professor
- Provincial Conventions (OHA, etc.)
- Other \_\_\_\_\_

## CCHSE Privacy Policy

I have read the College's Privacy Policy (www.cchse.org) and hereby agree to allow the College to disclose my membership and designation status to third parties. I understand that all personal information is confidential and will not be disclosed.

I hereby agree

## Membership information

Payment must be made prior to the processing of your application. If your application is not accepted, a full refund will be issued.

**Membership in the College is non-transferable and non-refundable.**

By completing this application, I certify that the accompanying documents are correct.

## CCHSE Code of Ethics (www.cchse.org)

I hereby certify that I am aware of the College's Standards of Ethical Conduct; that I am compliant with the Standards; and that I will abide by the By-Laws and Policies of the College pertaining to the administration of these Standards as adopted from time to time by the College.

I hereby agree

Signature: \_\_\_\_\_

I would like to receive information on the CCHSE CHE program.    Yes        No   

## Method of Payment

Payment Enclosed: \$50.00

Cheque     MasterCard     Visa # \_\_\_\_\_

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Expiry Date

## Please return application form to:

Canadian College of Health Service Executives  
292 Somerset Street West  
Ottawa, Ontario  
K2P 0J6

Telephone: (613) 235-7218  
Toll free: 1-800-363-9056  
Fax: (613) 235-5451  
Email: cchse@cchse.org