



CANADIAN LIFE INSURANCE MEDICAL OFFICERS ASSOCIATION

L'ASSOCIATION CANADIENNE des DIRECTEURS MEDICAUX en ASSURANCE-VIE

MEMBERSHIP APPLICATION FORM

Category of CLIMOA membership applied for:

- Active (\$200/year) Associate (\$100/year) Emeritus (\$35/year)

Last Name _____ First Name _____

Title/Position _____

Company Name _____

Company Address _____

City _____ Province/State _____

Country _____ Postal/Zip Code _____

Telephone _____ Fax _____

Mailing Address for information: Same as above Address below

Address _____

City _____ Province/State _____

Country _____ Postal/Zip Code _____

Telephone _____ Fax _____

Preferred Email Address _____

Number of years in the Insurance industry _____ years

Describe your job activities and how you are involved in the Insurance industry:

If part-time, how much of your time is devoted to Insurance work? _____ hours per week

What other appointments have you held? (e.g., insurance company, industry, university, etc.) _____

Medical School _____ Year graduated _____

Are you licensed to practise medicine in the jurisdiction where you work? YES NO

What is your field of specialization in clinical medicine (if any)? _____

Certificates held/Fellowships:

Program/Year _____

Program/Year _____

What is your field of specialization in insurance organizations? _____

What memberships do you hold in other medical and insurance organizations? _____

Your signature

Date

When completed, this application should be signed by two (2) sponsors who are CLIMOA members and then forwarded to the CLIMOA Secretary at the address below.

SPONSOR #1:

Member's Name _____ Company _____

Telephone _____ Email _____

How do you know the applicant? _____

Sponsor's signature

Date

SPONSOR #2:

Member's Name _____ Company _____

Telephone _____ Email _____

How do you know the applicant? _____

Sponsor's signature

Date

If you do not have sponsors in CLIMOA who know you, please forward the names and contact information of two (2) persons in other Insurance Medicine organizations, such as the American Academy of Insurance Medicine (AAIM) or the American Council of Life Insurers (ACLI), or from within your company, clinic or faculty.

PLEASE RETURN THE COMPLETED FORM WITH YOUR CHEQUE (PAYABLE TO CLIMOA) TO:

CLIMOA Secretary
c/o Unconventional Planning
32 Colonnade Road, #100
Ottawa, ON K2E 7J6 CANADA

QUESTIONS? climoa@unconventionalplanning.com or 613-721-7061.