



Membership Application

If you are enrolling multiple members from the same organization,
please use a separate form for each member.

I am applying for the following membership in GAME:

_____ Annual membership (\$200)

Member Information:

Title (Mr, Ms, Dr, etc) _____ Name _____

Degree (MD, PhD, etc) _____ Position or Job Title _____

Company/Organization Name _____

Street Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Telephone _____ Fax _____

Email _____

Payment Information:

_____ I am paying by check

_____ I am paying by credit card _____ Visa _____ MasterCard _____ American Express

Card Number _____

Card Security/Verification code _____ Expiry Date _____

Name as it appears on card _____

Signature _____

Please complete this form and mail with check or credit card information to:

Global Alliance for Medical Education
c/o Craig Ward
2055 Peel Street, Suite 455
Montreal, QC H3A 1V4
Canada

For additional information about GAME membership, please contact:

Craig Ward
Email: members@game-cme.org, Phone: 514-932-3232 x431