



PLEASE COMPLETE FULLY

Name (with credentials): _____
 Specialty (i.e. Surgery, Critical Care, Emergency, Neurology): _____
 Home Address: _____ Home Phone: () _____
 City/Province: _____ Cell Phone: () _____
 Postal Code: _____
 Email (where you wish to be contacted): _____
 Place of Work: _____ Job Title: _____
 Work Address: _____ Work Phone: () _____
 City/Province: _____ Postal Code: _____
 Work Email: _____

I do not wish to be contacted for Research or other surveys that are occasionally sent by TAC
 I am new or renewing

<p>Member Category (Canadian): \$200/yr <input type="checkbox"/> \$390/2yrs <input type="checkbox"/> MD <input type="checkbox"/> Fellow <input type="checkbox"/> PhD Content Specialist <input type="checkbox"/></p>	<p>Affiliate Category (International): \$200/yr <input type="checkbox"/> \$390/2yrs <input type="checkbox"/> MD <input type="checkbox"/> Fellow <input type="checkbox"/> PhD Content Specialist <input type="checkbox"/></p>								
<p>Member Category: \$125/yr <input type="checkbox"/> \$240/2yrs <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> CNS <input type="checkbox"/> Paramedic <input type="checkbox"/> Allied Health <input type="checkbox"/> (Indicate Discipline) _____ Non Medical Professional <input type="checkbox"/> (Indicate which one:) <input type="checkbox"/> Health Information/Data registry Specialist <input type="checkbox"/> Injury Prevention Specialist <input type="checkbox"/> Other (Indicate) _____</p>	<p>Affiliate Category (International): \$125/yr <input type="checkbox"/> \$240/2yrs <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> CNS <input type="checkbox"/> Paramedic <input type="checkbox"/> Allied Health <input type="checkbox"/> (Indicate Discipline) _____ Non Medical Professional <input type="checkbox"/> (Indicate which one:) <input type="checkbox"/> Health Information/Data registry Specialist <input type="checkbox"/> Injury Prevention Specialist <input type="checkbox"/> Other (Indicate) _____</p>								
<p>Please register me for the following options: <input type="checkbox"/> ITNC \$0.00 Open to any individual currently involved in coordinating or managing trauma care, trauma services or within the wider trauma system <input type="checkbox"/> TRISC \$0.00– Open to Trauma Registry Information Specialists involved in trauma information management <input type="checkbox"/> \$0.00 Combined ITNC & TRISC <input type="checkbox"/> \$25 Advanced Trauma Life Support Committee <input type="checkbox"/> \$130 Journal of Trauma & Acute Care Surgery (one year subsidized subscription-Value \$569 US)</p>	<p>Affiliate Category- Medical Resident or Student- \$50.00/yr I am <input type="checkbox"/> new or <input type="checkbox"/> renewing Definition of Student: Currently enrolled <u>full time</u> in an academic program in Canada or internationally Medical Resident <input type="checkbox"/> Student: Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Paramedic <input type="checkbox"/> Allied Health <input type="checkbox"/> (indicate discipline) _____ Other <input type="checkbox"/> (Indicate what program) _____</p>								
<p>Payment</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Member Rate</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Affiliate Rate</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>ATLS Committee Rate</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Journal Subscription Rate</td><td style="text-align: right;">\$ _____</td></tr> </table> <p>SubTotal Owning of Rates \$ _____ *Add Tax (by province of residence-see chart): \$ _____</p> <p>GRAND TOTAL OWING of Rate & Tax \$ _____ *International residents do not pay tax</p> <p>Note: GST# is 898120217RT001</p>	Member Rate	\$ _____	Affiliate Rate	\$ _____	ATLS Committee Rate	\$ _____	Journal Subscription Rate	\$ _____	<p>Please make cheque or money order payable (in Canadian funds only) to: Trauma Association of Canada and mail to: Trauma Association of Canada PO Box 8862 Halifax, NS B3K 5M5</p> <p>Or Credit Card Information (following cards only accepted) <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Discovery <input type="checkbox"/> Amex Card Number: _____ Expiry Date: _____ CVV#(back of card) _____ Name on Card: _____ Billing Address of card if different than above: _____ _____</p>
Member Rate	\$ _____								
Affiliate Rate	\$ _____								
ATLS Committee Rate	\$ _____								
Journal Subscription Rate	\$ _____								



**TAC Member/Affiliate Fees including applicable Tax Rates by Province of Residence
(as of September 20, 2018)**

(Note: Taxes not applied to International Affiliates)

Province of Residence	Taxation Rate by Province	Base Member or Affiliate Fee	Tax Fee Applied	Total Fee Payment Required
AB, NT, NU, YT	5%	\$125 (1 yr)	\$6.25	\$131.25
		\$240 (2 yr)	\$12.00	\$252.00
		\$50	\$2.50	\$52.50
SK	11%	\$125 (1 yr)	\$13.75	\$138.75
		\$240 (2 yr)	\$26.40	\$266.40
		\$50	\$5.00	\$55.00
BC	12%	\$125 (1 yr)	\$15.00	\$140.00
		\$240 (2 yr)	\$28.80	\$268.80
		\$50	\$6.00	\$56.00
ON, MB	13%	\$125 (1 yr)	\$16.25	\$141.25
		\$240 (2 yr)	\$31.20	\$271.20
		\$50	\$6.50	\$56.50
QC	14.975%	\$125 (1 yr)	\$18.72	\$143.72
		\$240 (2 yr)	\$35.94	\$275.94
		\$50	\$7.49	\$57.49
NS, PEI, NB, NL	15%	\$125 (1 yr)	\$18.75	\$143.75
		\$240 (2 yr)	\$36.00	\$276.00
		\$50.00	\$7.50	\$57.50
International (Residence outside of Canada)	Not applicable	\$125.00	\$0.00	\$125.00
		\$240.00	\$0.00	\$240.00
		\$50.00	\$0.00	\$50.00