



### Member Survey Application

*Canadian Anesthesiologists' Society (CAS) provides the distribution of surveys as a member benefit. This service allows a CAS member to obtain timely information and feedback from the CAS membership in support of programs and activities as well as clinical practice, research and education in anesthesia. All surveys must be approved by the CAS Executive Committee prior to distribution.*

**Member Name:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

**Institution Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Room Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **PC:** \_\_\_\_\_

**Member Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Survey Title:** \_\_\_\_\_

**Member Type to Receive Survey:**

<b>All Members</b> <input type="checkbox"/>	<b>Specialty Anesthesiologists</b> <input type="checkbox"/>	<b>Family Practice Anesthesiologists</b> <input type="checkbox"/>	<b>Residents</b> <input type="checkbox"/>	<b>Anesthesia Assistants</b> <input type="checkbox"/>
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**Other Member Types**  (Specify) \_\_\_\_\_

**Section/s**  (Specify) \_\_\_\_\_

**Canada Only**  **Is Survey English**  or **French**  or **Bilingual**

**Desired distribution date** \_\_\_\_\_

Please note that survey applications must be submitted 4 - 6 weeks prior to the desired distribution date, and CAS maintains the right to determine the actual date of distribution. This allows for approval at a CAS Executive Committee meeting and any required revisions. Surveys submitted with a shorter turnaround time will not have guaranteed distribution.

Please read and sign the attached Member Survey Distribution Agreement – note that all signatures are required. Also ensure that both Schedules “A” and “B” are included as directed.

**To submit your application and agreement documents, please scan and send electronically to [anesthesia@cas.ca](mailto:anesthesia@cas.ca). For questions or further information call 416-480-0602 x 10.**