



INDO CANADIAN PSYCHIATRIC ASSOCIATION

Chair: Dr. Shabbir Amanullah President: Dr. Dilkhush Panjwani Treasurer: Dr. Kuppuswami Shivakumar

Membership Application & Information for Directory

1. Name _____ 2. Gender _____

3. Language spoken _____

4. Home Address _____

6. Email _____

7. Telephone (H) _____ (O) _____ (Fax) _____

8. Country of Origin _____

9. Medical School: Name & State _____
Year of graduation _____

10. Residency _____

11. Fellowship _____

12. FRCP (C) _____ Yes No

Sub-speciality _____

13. Membership in Organizations (Circle all applicable): CPA, IPS, CAPIO
Other _____

14. Present Position (Circle all applicable):
Private Practice Administration Teaching Research

15. Academic Titles _____

16. Honors/Award _____

17. Interests (Circle Yes or No for each area):

a) Developing ICPA Chapters	Yes	No
b) Treating patients of South Asian Origin	Yes	No
c) Developing culturally-sensitive programs for South Asian Community	Yes	No

18. Requested Membership in ICPA (Circle one appropriate category):

Annual Membership \$100.00	10 year membership \$700.00 (30% Discount!!)
Member-in-training (no dues)	Retired Psychiatrist (no dues)

Mail to: Dr. Renuka-Prasad
104-750 Spadina Crescent East
Saskatoon, Saskatchewan
S7K 3H3

Dr. D. Natarajan
2110 Hamilton Street 3 Floor
Regina, Saskatchewan
S4P 2E3

Dr. Dilkhush Panjwani
190 Sherway Drive, Suite 311
Etobicoke, Ontario
M9C 5N2

Enclosed is my check in the amount of \$ _____

Please include my Name, Gender, Address, Email, Telephone Number, Fax Number and languages spoken in the ICPA Directory: Yes No

I give consent to include all of the above information in the ICPA Database, which can be used for research and sharing with member: Yes No

This information will NOT be used or shared for marketing purpose.

Signature: _____ Date: _____