

CSDMS MEMBERSHIP APPLICATION – ASSOCIATE

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone # (h): _____ **Home E-mail:** _____

Employer's name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone # (w): _____ **Work E-mail:** _____

Membership Fee: \$70.00 + Applicable Taxes

	GST	HST	TOTAL
<input type="checkbox"/> ON:		\$ 9.10	\$ 79.10
<input type="checkbox"/> QC:	\$ 3.50		\$ 73.50
<input type="checkbox"/> NB/NL:		\$ 9.10	\$ 79.10
<input type="checkbox"/> NS:		\$ 10.50	\$ 80.50
<input type="checkbox"/> BC:		\$ 8.40	\$ 78.40
<input type="checkbox"/> AB/SK/MB/PE/NT/YT:	\$ 3.50		\$ 73.50
<input type="checkbox"/> International membership fee:		\$ 11.70	\$101.70

Please submit your completed application along with fee payment on or before May 1st.

Please make Cheque or Money Order payable to CSDMS.

Payment by Visa or Master Card

Account number: _____

Expiration Date: _____

Signature: _____