

CSDMS MEMBERSHIP APPLICATION – CHAPTER

Organization: _____

Address: _____

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

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

Contact Person: _____

Membership Fee: \$50.00 + Applicable Taxes

	GST	HST	TOTAL
<input type="checkbox"/> ON:		\$6.50	\$ 56.50
<input type="checkbox"/> QC:	\$2.50		\$ 52.50
<input type="checkbox"/> NB/NL:		\$6.50	\$ 56.50
<input type="checkbox"/> NS:		\$7.50	\$ 57.50
<input type="checkbox"/> BC:		\$6.00	\$ 56.00
<input type="checkbox"/> AB/SK/MB/PE/NT/YT:	\$2.50		\$ 52.50

NOT AVAILABLE OUTSIDE OF CANADA

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

Please make Cheque or Money Order payable to CSDMS.

If paying by credit card you may fax your application to 1-888-743-2952.

Payment by Visa or Master Card

Account number: _____

Expiration Date: _____

Signature: _____