

Application for Membership

Full Name:		
M Male	Female	Date of Birth(yy/mm/dd)
Status in Canada:		
Canadian Citizen	Permanent Resident	Others
Mailing Address:		
Telephone Number:		
E-mail Address:		
Please tick the appropriate number of years you are registering for.		
<input type="checkbox"/> 1 year \$10 January- December 2008		
<input type="checkbox"/> 2years \$20 2008- December 2009		
<input type="checkbox"/> 3 years \$30 2008 – December 2010		
<input type="checkbox"/> 5 years \$50 2008- December 2012		
Please select Method of Payment, Card Number and Amount enclosed.		
Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/>		
Membership year starts January to December every year. Membership Renewal is due in December. Please select Reminder method of preference		
(Snail Mail)		
(E-mail)		
(Telephone)		
Signature of Member:		Date of Application: