

**Membership Form**

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| **Last name:** | | | | | |
| **Fist name:** | | | | | |
| * **Dr.** | * **Mr.** | * **Mrs.** | | * **Ms.** | * **Other** |
| **Address:** | | | | | |
| **City/Town:** | | | | | |
| **Province:** | | | | | |
| **Position:** | | | | | |
| **Organization:** | | | | | |
| **Phone: (Bus)** | | | **Phone: (Res)** | | |
| **Fax:** | | | | | |
| **E-mail:** | | | | | |

**Fees:**

* **$10.00/Year**
* **$100.00/Life Membership**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_