

CASIS Membership Application

Please print this form, complete it, and send it with a cheque or money order payable to CASIS at PO Box 71007, RPO L'Esplanade, Ottawa, Ontario, Canada, K2P 2L9.

I wish to join CASIS in the following category (all amounts in CDN\$).

general member (\$35)

Please check off one of the following:

academic

retired academic

practitioner

retired practitioner

interested citizen

full time student (\$25) student number _____

institution _____

An electronic receipt will be issued.

I am renewing my membership

I am a new member

Name: _____

Address: _____

Phone: (Home) _____ (Business) _____

Email: _____

Contact information will not be shared outside of CASIS without the consent of the individual.

Date: _____ Signature: _____