



## MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Tel.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Tel.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Please send mail to:  Home or  Company

I do not wish to post my name on the CINDE website as a member.

### Annual Membership Fees

Please indicate choice of membership:

- \$ 20.00 Student/Retired
- \$ 60.00 Individual/USA
- \$ 85.00 International
- \$160.00 Sustaining
- \$475.00 Corporate

Annual Subscription Fee:

- \$ 80.00 Canada
- \$ 110.00 USA
- \$ 135.00 International

### Payment

CHEQUE       VISA       MASTERCARD       AMERICAN EXPRESS

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_