

– CANADIAN SOCIETY OF ZOOLOGISTS – MEMBERSHIP FORM 2016 –

CONTACT INFORMATION:

Name: _____
Address: _____
City: _____ Province/State: _____
Country: _____ Postal code: _____
Tel: () _____ E-mail: _____

Check to consent to receive emails from the CSZ. (You can withdraw your consent at any time.)

Yes No May we publish your name and contact information in the membership *Directory*?

SECTION AFFILIATION: Check your choice(s)

- CMD (Comparative morphology & development)
- CPB (Comparative physiology & biochemistry)
- EEE (Ecology, ethology & evolution)
- PIE (Parasitism, immunity and environment)
- O (None)

DUES: Check your choice

Ordinary	<input type="checkbox"/>	1-year (\$80)	<input type="checkbox"/>	2-year (\$140)	\$ _____
Emeritus	<input type="checkbox"/>	1 year (\$20)	<input type="checkbox"/>	2-year (\$25)	
PDF	<input type="checkbox"/>	1-year (\$20)	<input type="checkbox"/>	2-year (\$25)	
Student	<input type="checkbox"/>	1-year (\$20)	<input type="checkbox"/>	2-year (\$25)	
Associate	<input type="checkbox"/>	1-year (\$20)	<input type="checkbox"/>	2-year (\$25)	

DONATION TO ZET: Optional (Canada charity registration BN 8756 3864 RR0001)

General Support funds (Fry, Hoar, Battle, Margolis ... awards) \$ _____
Hall Fund (CMD Section) \$ _____
Holeton Fund (CPB Section) \$ _____
Lindsey Fund (EEE Section) \$ _____
Fallis Fund (PIE Section) \$ _____

TOTAL \$ _____

METHOD OF PAYMENT:

Cheque (*payable to: Canadian Society of Zoologists*) Visa Mastercard

If paying by credit card, please enter all of the following information:

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RETURN TO:

Dr. K. Tierney, CSZ Treasurer, CW405 BioSci Bldg. , Univ. Alberta, Edmonton, AB CANADA T6G 2E9

PRIVACY STATEMENT: The CSZ privacy policy is available: www.csz-scz.ca/