



MEMBERSHIP APPLICATION/RENEWAL FORM			January 1 to December 31, 2010	
First Name:		Initial(s):	Title:	
Last Name:				
Mailing Address:				
City:	Province/State:	Country:	Postal Code/Zip Code:	
Invoicing address: <i>(if other than mailing address)</i>				
TEL: HOME			PLEASE INDICATE WITH <input checked="" type="checkbox"/>	
TEL: WORK		Preferred Language:	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> FRENCH
TEL: EMPLOYER		Gender:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
FAX:		EMPLOYER:		
EMAIL:				
COMPLIMENTARY NEWSLETTER LIAISON PREFERENCE:			<input type="checkbox"/> WEB COPY (email notice)	
			<input type="checkbox"/> PAPER COPY	
INCLUDE MY NAME/CONTACT INFORMATION ON THE SSC WEB DIRECTORY:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
THE SSC PERIODICALLY RENTS ITS MEMBERSHIP LIST TO DEFRAY ITS COSTS:			<input type="checkbox"/> Do NOT wish to participate	

MEMBERSHIP AND SUBSCRIPTION RATES		RATE* (CDN\$ or US\$)	Sub-total
MEMBERSHIP:	REGULAR	\$110.00	\$
	ASSOCIATE, STUDENT (FULL TIME STUDENT)	\$ 30.00	\$
	ASSOCIATE, RETIRED OR SPOUSE OF REGULAR MEMBER	\$ 30.00	\$
PRINTED COPIES OF CANADIAN JOURNAL OF STATISTICS (CJS):	ALL MEMBER CATEGORIES (ELECTRONIC ACCESS IS FREE TO MEMBERS)	\$ 20.00	\$
MEMBER OF - ASSOCIATION DES STATISTICIENNES ET STATISTICIENS DU QUÉBEC: <i>To become a member of ASSQ, get your ASSQ registration form on the Web at <www.association-assq.qc.ca></i>		- \$ 10.00 REDUCTION	\$

SECTION		RATE*	
Biostatistics		\$5.00 CDN	\$
Business & Industrial Statistics		\$5.00 CDN	\$
Probability		\$5.00 CDN	\$
Survey Methods		\$2.00 CDN	\$
REGIONAL ASSOCIATION	REGULAR RATE*	ASSOCIATE RATE*	
Montreal	\$10.00 CDN	\$ 0.00 CDN	\$
Ottawa	\$12.00 CDN	\$ 0.00 CDN	\$
Southern Ontario	\$10.00 CDN	\$ 0.00 CDN	\$
OTHER PUBLICATIONS:		RATE*	
Survey Methodology	PLEASE SEND PAYMENT PRIOR TO JANUARY 31, 2010	\$35.00 CDN	\$

		SUBTOTAL	\$
I WOULD LIKE TO RENEW MY MEMBERSHIP AND SUBSCRIPTIONS FOR 2 YEARS:		X 2	\$
DONATIONS:	GENERAL <input type="checkbox"/>	SPECIFIED _____	
		TOTAL	\$

PAYMENT		DO YOU REQUIRE A RECEIPT? (If so, your receipt will be mailed to your mailing address.)	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
MASTER CARD <input type="checkbox"/>	VISA <input type="checkbox"/>	CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> (Payable to Statistical Society of Canada)	
CARD NUMBER:		EXPIRY DATE:	
NAME ON CARD:			
SIGNATURE:			