



INSTITUTIONAL NOMINEE REGISTRATION FORM

January 1 to December 31, 2010

NOTE: Your membership fee has been paid by your Institution. Should you wish to join a Section(s), Regional Association, or receive Other Publications, please check (✓) applicable boxes as necessary and forward this form and payment to the SSC Office.

Name of Institution:

Name:

Initial (s):

Title:

Mailing Address:

City:

Province/State:

Country:

Postal Code/Zip Code:

TEL: HOME

PLEASE INDICATE WITH ✓

TEL: WORK

Preferred Language:

ENGLISH

FRENCH

TEL: EMPLOYER

Gender:

MALE

FEMALE

FAX:

EMPLOYER:

EMAIL:

COMPLIMENTARY NEWSLETTER LIAISON PREFERENCE:

WEB COPY (email notice)
 PAPER COPY

INCLUDE MY NAME/CONTACT INFORMATION ON THE SSC WEB DIRECTORY:

YES

NO

THE SSC PERIODICALLY RENTS ITS MEMBERSHIP LIST TO DEFRAY ITS COSTS:

Do NOT wish to participate

SUBSCRIPTIONS

RATE

Canadian Journal of Statistics (CJS) - Print copy

\$ 20.00 CDN

\$

SECTIONS

RATE

Biostatistics

\$ 5.00 CDN

\$

Business & Industrial Statistics

\$ 5.00 CDN

\$

Probability

\$ 5.00 CDN

\$

Survey Methods

\$ 2.00 CDN

\$

REGIONAL ASSOCIATIONS

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 JAN. 31, 2010

\$ 35.00 CDN

\$

SUBTOTAL

\$

I WOULD LIKE TO RENEW MY MEMBERSHIP AND SUBSCRIPTIONS FOR 2 YEARS:

X 2

\$

DONATIONS:

GENERAL

SPECIFIED _____

\$

TOTAL

\$

PAYMENT INFORMATION

MASTER CARD

VISA

CHEQUE MONEY ORDER (Payable to **Statistical Society of Canada**)

CARD NUMBER:

EXPIRY DATE:

NAME ON CARD:

SIGNATURE:

DO YOU REQUIRE A RECEIPT? (If so, your receipt will be mailed to your mailing address.) YES NO