



INSTITUTIONAL APPLICATION FORM

January 1 to December 31, 2010

NAME OF INSTITUTION:

NAME OF CONTACT PERSON:

TITLE:

MAILING ADDRESS:

BILLING ADDRESS:

TEL:

FAX:

EMAIL:

LANGUAGE:

ENGLISH FRENCH

COMPLEMENTARY NEWSLETTER *LIAISON* PREFERENCE:

WEB COPY (email notice)
 PAPER COPY

INSTITUTIONAL MEMBERSHIP RATES

INSTITUTIONAL MEMBERSHIP: \$ 325.00

DONATIONS:

GENERAL

SPECIFIED : _____

\$

INSTITUTIONAL NOMINEE INFORMATION

Each Institutional Member may name two persons who shall have the same rights and privileges as individual members. Please provide the names of these individuals and have them complete the enclosed registration form.

NOMINEE NAME:

NOMINEE NAME:

SUBTOTAL: \$

I WOULD LIKE TO RENEW MY MEMBERSHIP FOR 2 YEARS: 2 \$

TOTAL: \$

PAYMENT INFORMATION

MASTER CARD VISA CHEQUE MONEY ORDER (Payable to the **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