



Membership Application/*Demande d'adhésion*

Renewal New

Title/Titre: Full Name/Nom:	Province/État	E-mail/Courriel: Work Phone Number: Home Phone Number:
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Please sign me up to receive CACPR's monthly e-newsletters, meeting notices and updates about the organization / S'il vous plaît inscrivez-moi pour recevoir chaque mois des bulletins électroniques de ACPRC, convocations et mises à jour à propos de l'organisation

MEMBERSHIP CATEGORIES/CATÉGORIES DE MEMBRE:

<input type="checkbox"/> Regular/titulaire - \$150+tax <input type="checkbox"/> Associate/affilié - \$150+tax <input type="checkbox"/> Student/étudiant - \$65+tax <input type="checkbox"/> Retired/retraité - \$60+tax <input type="checkbox"/> International - \$180	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 year (annual rate times two) <input type="checkbox"/> 3 year (annual rate times three) <i>*no discounts offered for multiple year renewals, convenience offer only*</i>	Subtotal : <u>Applicable total tax:</u> \$ ON,NB,NL, 13% NS, 15% BC, 12% AB,MB,NT,NU,PE, QC,SK,YT, 5%	%
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METHOD OF PAYMENT/MODE DE PAIEMENT:

<input type="checkbox"/> Cheque or PO/ <i>Chèque ou Mandat Postal:</i> _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX Name on Card/Nom de détenteur de la carte: _____	Card # / No. De la carte : <div style="display: flex; justify-content: space-around; align-items: center;"> </div> Expiration: / Security code:
Estimated Total: _____	