



APPLICATION FOR MEMBERSHIP

Please type or use block letters

1. NAME: Dr. _____
 Mr. _____
 Ms. _____
- last name
- first name
- initial
2. DATE OF BIRTH _____

Please indicate the address you prefer to receive correspondence at by marking "X" in the appropriate box.

3. PROFESSIONAL ADDRESS: _____

- BUSINESS TELEPHONE: (_____) _____ FAX: (_____) _____
- EMAIL: _____
4. HOME ADDRESS: _____

- HOME TELEPHONE: (_____) _____

5. MEMBERSHIP STATUS REQUESTED: FULL ASSOCIATE AFFILIATE STUDENT

6. PREFERRED LANGUAGE (*for printed matter*): English French

7. EDUCATION: *Indicate clearly the course taken and in which subject(s) the Degree or Diploma was obtained*

Name of institution	Start / finish dates	Nature of course	Degree / diploma obtained

8. EMPLOYMENT EXPERIENCE: *List in chronological order, starting with present or most recent position*

Employer	Start/finish dates	Position & responsibilities

continued ...



9. ENCLOSURES: A copy of current Curriculum Vitae
 FEE

10. DECLARATION: *I hereby certify that the foregoing statements are correct and are made as condition for admission for membership. If accepted as a member, I agree to be governed by the Charter, By-Laws and regulations of the Canadian Society of Clinical Chemists and to promote to the best of my ability the objectives and interests of the Society for as long as I shall remain a member.*

_____ Date

_____ Signature of applicant

11*. DECLARATION OF SPONSORS: *(To be completed by TWO FULL MEMBERS of the CSCC)*

I hereby certify that, to the best of my knowledge, the statements herein made by the applicant are correct and that he/she is worthy and qualified for membership in the Canadian Society of Clinical Chemists. Membership category will be designated by the Council of the Canadian Society of Clinical Chemists.

(*In the event that you do not know any CSCC members, please arrange to have two professional letters of reference sent to our Head Office or include these letters with your application.)

i) NAME: _____

ii) NAME: _____

ADDRESS: _____

ADDRESS: _____

SIGNATURE: _____

SIGNATURE: _____

Fees	Tax according to where you reside	Plus applicable tax in your province	Tax	
Full	\$185 plus applicable tax	AB, BC, SK, MB	5%	GST
Associate	\$180 plus applicable tax	ON, NB, NL	13%	HST
Affiliate	\$75 plus applicable tax	NS	15%	HST
Student	\$55 plus applicable tax	PE	14%	HST
		QC	5%	GST +
			9.975%	QST
		Outside Canada	0%	HST

Electronic Journal only (no extra charge)

Print Journal (\$50 extra)

Application Fee: \$ _____

Add Print Journal Fee: \$ _____

Add Tax @ _____ % \$ _____

Total amount enclosed: \$ _____

Return to:

CSCC Head Office

4 Cataraqi Street, Suite 310, Kingston, Ontario K7K 1Z7 CANADA

Tel: (613)531-8899 / Fax: (613)531-0626 / email: office@csc.ca

The name and coordinates on this form will be published in the CSCC membership directory/online director and used to mail information to you about CSCC programs. Please check the appropriate box to indicate your consent to have this information used for these purposes.

Yes No