

The Canadian Society of Plant Physiologists

www.cspp-scpv.ca

2010 Membership Renewal / Application Form

Renewal New Membership (* Late fee does not apply to a new member)

A: Personal Information

Salutation: Ms. Mr. Dr. Prof.

First Name _____ Initial _____ Surname _____

Department _____

Street / Building _____

University / Institution _____

City _____ Province _____ Country _____ Postal Code _____

Phone _____ - _____ - _____ Fax _____ - _____ - _____

Email _____ @ _____

B: Membership (Check one)

Type	Dues	\$ 10.00 Late Fee After Mar. 1 / 10*
Full Member	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 50.00
PDF / Research Associate (Supervisor) _____	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 35.00
Student (Thesis supervisor) _____	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 25.00
Emeritus	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 15.00
Corresponding (resides outside Canada)	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 15.00

C: CSPP Charitable Donations (Itemized as charitable donation on receipt)

Student Travel Fund (awarded to selected students to assist in attending our national meeting) \$ _____

Ann Oaks Scholarship Fund (to provide NSERC-level scholarship for a Ph.D. student) \$ _____

D: CSPP Return Address (where you should send the form and payment)

Dr. Harold Weger, CSPP Treasurer
Dept. of Biology, Univ. of Regina
3737 Wascana Parkway
Regina SK S4S 0A2

email: treasurer@cspp-scpv.ca
fax: 306-337-2410

E: Payment

TOTAL DUE (B + C): \$ _____

Cheque Enclosed * please make cheque payable to CSPP and mail with form to the address above

VISA _____ - _____ - _____ - _____ Expiry Date _____ / _____

Master Card _____ - _____ - _____ - _____ Expiry Date _____ / _____

Name as it appears on card _____ Signature _____

Fax or mail credit card payment to the address above