



Membership Application

Date: / /

Name (surname first): (Mr. / Mrs./ Dr. / Prof)	
Company /Academic Institution:	
Title:	
Address:	
Tel:	
Fax:	
E-mail:	
Web site:	

Which committees would you like to volunteer (you may choose more than one):

<input type="checkbox"/> Food Science and Technology	<input type="checkbox"/> Food Safety and Quality Assurance
<input type="checkbox"/> Nutrition and Dietetic	<input type="checkbox"/> Education, Publication and Public affairs

University:	Department:
Faculty Name:	Faculty Email:
Level of Study: Undergraduate Graduate Other	
Anticipated Year of Graduation:	

Membership Fees (please circle)

Membership (Individuals, Business, Organizations)*	\$40
Student Membership*	\$20
GST 5 % Canadian residence only	\$ Please fill in.
Provinces of NFLD, NS, NB add 8% HST	\$ Please fill in.
Donation	\$ Please fill in.
Total Payment	\$ Please fill in.

For automatic renewal please attach a void cheque

**Membership Calendar Year is from January 1 – December 31. Please pay the remaining months of the calendar year according to the below pro-rated chart.*

*** Please note – Pro-rated membership fee applies to new members only*

Regular Membership				Student Membership			
	Fee	5% GST	\$Total		Fee	5% GST	\$Total
January to June	40	2.00	42.00		20	1.00	21.00
July to December	20	1.00	21.00		10	0.50	10.50

Please mail the membership form and cheque payable to CSIFNS to:

Canadian Society of Iranian Food and Nutritional Scientists

101 Placer Crt, Suite 202

North York, Ontario, M2H 3H9

Email: info@csifns.ca

Tel: (416) 725-5591

Fax: (416) 502-1499

www.csifns.ca