



## Membership Application

Date: / /

<b>Name (surname first):</b> (Mr. / Mrs./ Dr. / Prof)	
<b>Company /Academic Institution:</b>	
<b>Title:</b>	
<b>Address:</b>	
<b>Tel:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	
<b>Website:</b>	

If you are a student, please complete the following section:

<b>University:</b>	<b>Department:</b>
<b>Faculty Name:</b>	<b>Faculty Email:</b>
<b>Level of Study:</b>	<b>Undergraduate</b> <b>Graduate</b> <b>Other</b>
<b>Anticipated Year of Graduation:</b>	

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

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

**Membership Fees (please circle)**

<b>Membership (Individuals, Business, Organizations)*</b>	<b>\$50.00</b>
<b>Student Membership*</b>	<b>\$25.00</b>
<b>Donation</b>	<b>\$ Please fill in</b>
<b>Total Payment</b>	<b>\$</b>

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.**

	<b>Regular Membership</b>	<b>Student Membership</b>
	<b>Total</b>	<b>Total</b>
January to June	<b>\$50.00</b>	<b>\$25.00</b>
July to December	<b>\$25.00</b>	<b>\$12.50</b>

**You can mail the membership form and cheque payable to the CIFNS mailing address. Please check [www.csifns.ca](http://www.csifns.ca) to find the current mailing address.**

**You can also pay via e-money transfer by sending an e-mail to [info@csifns.ca](mailto:info@csifns.ca)**