

APPLICATION FOR ASSOCIATE MEMBERSHIP

I hereby apply for membership in the Canadian Astronomical Society as an Associate member (\$107 membership fee). Unless I send a written resignation to the CASCA Secretary, I will receive a yearly invoice for membership dues, including late fees and unpaid dues if applicable.

I declare that I satisfy the requirements for membership indicated in the by-laws.

Signature of Applicant _____ Date _____

This application is supported by (both nominators must be CASCA members in good standing) :

Nominator's Name _____ Signature _____ Date _____

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Please print or type the following information.

Applicant's full name _____

Department _____

Institution _____

Address _____ City _____ Prov. _____

Postal code _____ Telephone number _____

Electronic mail address _____

Degrees received or expected; specify date, institution and specialization for each degree.

Professional work experience related to astronomy or astronomy outreach.

Papers, documents, classes or presentations arising from your professional experience. (Please list separately)

Please mail the completed form and membership dues (make the cheque payable to CASCA) to:

CASCA Secretary
Nadine Manset
CFHT Corporation
65-1238 Mamalahoa Hwy
Kamuela HI 96743 USA

August 2011