



**2010**

**Membership Renewal Form**

<b>AFFILIATION (please check one or more):</b>			
<b>Sections:</b>	<input type="checkbox"/> Conservation Committee	<input type="checkbox"/> Teaching	<input type="checkbox"/> Ecology
	<input type="checkbox"/> Plant Development	<input type="checkbox"/> Systematics and Phytogeography	<input type="checkbox"/> Mycology

<b>The CBA requires your <u>PERMISSION TO RELEASE</u> your name, address, telephone and e-mail information, for internal CBA business <u>ONLY</u> (e.g. section business, award announcements). No information will be released to outside parties.</b>	
<b>(please check one box)</b>	<input type="checkbox"/> Allow release of my contact information <input type="checkbox"/> Do NOT release my contact information

**TYPE OF MEMBERSHIP:**

<input type="checkbox"/> Family Membership price for regular members:	_____	Amount	\$83.00	_____
	(Name of Members Involved)			
<input type="checkbox"/> Half-price for certified Member of CSPP for regular	_____		(\$27.50) or students(\$12.50)	_____
<input type="checkbox"/> Regular.....	_____		\$55.00	_____
<input type="checkbox"/> Student / Post Doctorate .....	_____		\$25.00	_____
<input type="checkbox"/> Retired.....	_____		\$25.00	_____
<input type="checkbox"/> Life Member .....	_____		\$1,000.00	_____
<input type="checkbox"/> Life Member 55 years of age and over .....	_____		\$500.00	_____

**TYPE OF BULLETIN:**

<input type="checkbox"/> Paper Copy (Extra Charge for Regular & Students Only)	_____	\$8.00	_____
<input type="checkbox"/> Electronic Copy (No Charge)	_____		
<input type="checkbox"/> Retired members (No charge for paper, indicate option):	Paper Copy _____	OR	Electronic Copy _____

**DONATIONS – 100% TAX DEDUCTIBLE:**

<input type="checkbox"/> John Macoun Fund (Grad Student Travel Bursary) .....	_____
<input type="checkbox"/> Luella Weresub Fund (Mycology Section) .....	_____
<input type="checkbox"/> A. E. Porsild Fund (Systematics And Phytogeography Section).....	_____
<input type="checkbox"/> J. S. Rowe Fund (Ecology Section) .....	_____
<input type="checkbox"/> Taylor Steeves Fund (Plant Development Section) .....	_____
<input type="checkbox"/> Iain & Sylvia Taylor Fund (Poster Prize) .....	_____
<input type="checkbox"/> Keith Winterhalder Fund (Undergrad Student Travel Bursary) .....	_____

*Charitable donation receipts for income tax purposes will be issued for donations to the John Macoun, Luella Weresub, A. E. Porsild, J. S. Rowe, Taylor Steeves, Iain & Sylvia Taylor and Keith Winterhalder Funds.*

**TOTAL DUE / ENCLOSED**.....

**CHARGE TO VISA/MASTERCARD #** \_\_\_\_\_ **EXP** \_\_\_\_\_   
(Transaction will be posted through Aberdeen Agencies Ltd.)

**Signature**

**RETURN WITH CHEQUE PAYABLE TO CBA/ABC TO:**

Canadian Botanical Association	Tel: (306) 253-4654
CBA Memberships (Renewal)	Fax: (306) 253-4744
Box 160	Tel: (888) 993-9990
Aberdeen SK S0K 0A0	e-mail: <a href="mailto:vanda.wutzke@sasktel.net">vanda.wutzke@sasktel.net</a>

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All information on the label is correct

**If necessary, make corrections below  
\*\*\* Please use your professional address if possible \*\*\***

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

City/ Prov: \_\_\_\_\_

Post Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_