

**CANADIAN BOTANICAL ASSOCIATION  
L'ASSOCIATION BOTANIQUE DU CANADA**

**2020**

**Membership Renewal Form**



**TYPE OF MEMBERSHIP:**

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

<b>AFFILIATION (please check one or more):</b> <b>Sections:</b> <input type="checkbox"/> Teaching <input type="checkbox"/> Ecology <input type="checkbox"/> Mycology <input type="checkbox"/> Plant Development <input type="checkbox"/> Systematics & Phytogeography
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**TYPE OF BULLETIN:**

Paper Copy (No charge for electronic copy) ..... Paper Copy \$25.00 \_\_\_\_\_  
 Retired members (No charge for paper, indicate option): Paper Copy \_\_\_\_\_ **OR** Electronic Copy \_\_\_\_\_

**DONATIONS – 100% TAX DEDUCTIBLE:**

John Macoun Fund (Grad Student Travel Bursary) ..... \_\_\_\_\_  
 Luella Weresub Fund (Mycology Section) ..... \_\_\_\_\_  
 A. E. Porsild Fund (Systematics And Phytogeography Section) ..... \_\_\_\_\_  
 J. S. Rowe Fund (Ecology Section) ..... \_\_\_\_\_  
 Taylor Steeves Fund (Plant Development Section) ..... \_\_\_\_\_  
 Iain & Sylvia Taylor Fund (Poster Prize) ..... \_\_\_\_\_  
 Keith Winterhalder Fund (Undergrad Student Travel Bursary) ..... \_\_\_\_\_  
 Planting Science Canada Fund (Education Outreach Program) ..... \_\_\_\_\_  
 Laurie Consaul Northern Research Scholarship ..... \_\_\_\_\_  
 Cindy Ross Friedman Memorial Fund ..... \_\_\_\_\_

<i>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 &amp; Sylvia Taylor, Keith Winterhalder, Planting Science Canada, Laurie Consaul Northern Research and Cindy Ross Friedman Memorial Funds.</i>
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**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 Aberdeen SK S0K 0A0

**E-TRANSFER TO:** (remember to email membership form)    e-mail: [vanda.wutzke@sasktel.net](mailto:vanda.wutzke@sasktel.net)

**The CBA requires your PERMISSION TO RELEASE your name, address, telephone and e-mail information, for internal CBA business ONLY (e.g. section business, award announcements). No information will be released to outside parties.**

Allow release of my contact information  
 (please check one box)                       Do NOT release my contact information

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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: \_\_\_\_\_