

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

2024

Membership Form



TYPE OF MEMBERSHIP:

	Amount	
Half-price for certified Member of CSPB for regular (\$35.00) or students (\$12.50)		_____
Regular	\$70.00	_____
Student / Post Doctorate	\$25.00	_____
Retired	\$40.00	_____
Life Member	\$1,000.00	_____
Life Member 55 years of age and over	\$700.00	_____
Family Membership price for regular members: _____	\$100.00	_____
(Name of Members Involved)		

AFFILIATION (please check one or more):					
Sections:	Teaching	Ecology	Mycology	Plant Development	Systematics & Phytogeography

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)	_____
Undergraduate Travel Award Fund (Bursary)	_____
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 & Sylvia Taylor, 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 Bora Insurance Brokers)

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 jordanmorlock@hotmail.com

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**

 *** 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: _____