

MEMBERSHIP APPLICATION



Canadian Nutrition Society
Soci t  canadienne de nutrition

*Required Field (CNS membership year runs January 1 to December 31.)

APPLICANT CONTACT INFORMATION

*Preferred Salutation Dr. Prof. Mr. Mrs. Ms. Other _____
*First Name: _____ Middle Name: _____ *Last Name: _____
*Occupation: _____ *Department/Division _____ *Area/s of Specialty/Study: _____
*Area of Interest: _____
* Institution Organization Self-Employed: _____ *Degree Program: _____
*Current Degrees (e.g. BSc., MSc., etc.) _____ *Certification(s)(e.g. RD, RN, etc.) _____
*Email: _____ *Phone: _____ Fax: _____

MAILING ADDRESS

*Address Line 1: _____
*Address Line 2: _____
*City: _____ *Province/State: _____ *Postal Code/Zip Code: _____ *Country: _____
*Mailing Address: Canadian Non-Canadian

JOURNAL SUBSCRIPTIONS:

CNS members now receive **two** journals: *Applied Physiology, Nutrition and Metabolism (APNM)* and *Nutrition in Clinical Practice (NCP)*.
Both journals are available through electronic access only.

CNS ANNUAL DUES (Plus GST/HST# 86185 0824 RT 0001)

	AB, SK, MB, QC, PEI, NWT, NU, YK + (5% GST) =	ON, NL, NB + (13% HST) =	BC + (12% HST) =	NS + (15% HST) =
Active/Associate/Industry Fee \$115.00(*)				
Student Fee \$35.00(#)				
Applicable Tax _____	\$120.75(*)	\$129.95(*)	\$128.80(*)	\$132.25(*)
Total _____	\$36.75(#)	\$39.55(#)	\$39.20(#)	\$40.25(#)

CNS MEMBER SPONSOR (REQUIRED FOR NEW MEMBER APPLICATIONS)

Please identify one CNS member who will support your membership. If unable to name a sponsor, leave blank and CNS will help you find one. If you are a Student joining the Society, please fax a copy of proof of enrollment (i.e. student identification) to the CNS office at (416) 491-1670 **and** identify an individual (i.e. program or academic advisor) who will confirm your student status.

I am registering as a New Active/Associate/Industry Member Student Member

Anticipated Graduation Date: _____

Sponsor Information:

Name: _____ Email: _____

HOW DID YOU LEARN ABOUT CNS?

Please check one or more:

CNS website APNM Colleague CNS Annual Meeting Other meeting Other _____

PAYMENT

Payment is required with the submission of this application. You may print this form and fax to the number below. If you prefer to pay via cheque, you may print this form and mail your application and cheque payable to CNS (CAN \$) at the address below.

Total dues: _____

*Credit Card: Visa MC Cheque *Credit Card Number: _____

*Expiration Date: Month: _____/Year: _____ *Card Holder's Name: _____

Submitting an application does not guarantee approval of your membership in CNS. All applications must be reviewed by CNS. Allow 1 – 2 weeks for review, processing and notification (mail/email) of your application status.

Please return this completed form to: Canadian Nutrition Society

2175 Sheppard Avenue East, Suite 310, Toronto, ON M2J 1W8

Tel: (416) 491-7188 Toll Free: 1-888-414-7188 Fax: (416) 491-1670

Email: info@cns-scn.ca Website: www.cns-scn.ca