

CNS ANNUAL DUES

(Plus GST/HST# 86185 0824 RT 0001)

	Base Fee (CDN)	AB, SK, MB, BC, NWT, NU, YK (Tax 5%)	ON (Tax 13%)	QC (Tax 14.975%)	NB, NL, NS, PE (Tax 15%)
<i>Please mark a "✓" by the category you wish to apply for based on your address.</i>					
<input type="checkbox"/> Active/Associate	\$160.00	\$168.00	\$180.80	\$183.96	\$184.00
<input type="checkbox"/> Young Professional	\$90.00	\$94.50	\$101.70	\$103.48	\$103.50
<input type="checkbox"/> Student	\$48.00	\$50.40	\$54.24	\$55.19	\$55.20
<input type="checkbox"/> CNS Emeritus	\$70.00	\$73.50	\$79.10	\$80.48	\$80.50
<input type="checkbox"/> CNS/ASN Joint	\$310.00	\$325.50	\$350.30	\$356.42	\$356.50
<input type="checkbox"/> CNS/ASN Joint Young Professional	\$150.00	\$157.50	\$169.50	\$172.46	\$172.50
<input type="checkbox"/> CSN/ASN Joint Student	\$90.00	\$94.50	\$101.70	\$103.48	\$103.50
<input type="checkbox"/> CNS/ASN Joint Retired	\$70.00	\$73.50	\$79.10	\$80.48	\$80.50
<input type="checkbox"/> CNS/ESPEN Joint Active	\$340.00	\$357.00	\$384.20	\$390.92	\$391.00
<input type="checkbox"/> CNS/ESPEN/ASN Joint Active	\$490.00	\$514.50	\$553.70	\$563.38	\$563.50
<input type="checkbox"/> CNS/ASPEN Joint Active	\$320.00	\$336.00	\$361.60	\$367.92	\$368.00
<input type="checkbox"/> CNS/ASPEN Joint Physician	\$365.00	\$383.25	\$412.45	\$419.66	\$419.75
<input type="checkbox"/> CNS/ASPEN Joint Young Professional	\$180.00	\$189.00	\$203.40	\$206.96	\$207.00
<input type="checkbox"/> CSN/ASPEN Joint Student	\$96.00	\$100.80	\$108.48	\$110.38	\$110.40
<input type="checkbox"/> CNS/ASN/ASPEN Joint Active	\$460.00	\$483.00	\$519.80	\$528.89	\$529.00
<input type="checkbox"/> CNS/ASN/ASPEN Joint Young Professional	\$270.00	\$283.50	\$305.10	\$310.43	\$310.50
<input type="checkbox"/> CNS/ASN/ASPEN Joint Student	\$144.00	\$151.20	\$162.72	\$165.56	\$165.60
<input type="checkbox"/> CNS/ASN/ESPEN/ASPEN Joint Active	\$650.00	\$682.50	\$734.50	\$747.34	\$747.50

CNS Membership Registration Form

CNS MEMBERSHIP YEAR RUNS FROM JANUARY 1 TO DECEMBER 31

* Required Field

APPLICANT CONTACT INFORMATION

Preferred Salutation: Dr. Prof. Mr. Ms. Other _____ Graduation Date: _____

*First Name: _____ Middle Name/Initial: _____ *Last Name: _____

*Academic Institution: _____ *Department/Division: _____

*Areas of Study: _____

*Job Title: _____

*Current Degree Program: _____

*Highest Degree Achieved (ie: M.Sc, PhD, etc.): _____ *Certification(s) (i.e. RD, RN): _____

*Email: _____ *Phone: _____

MAILING ADDRESS

*Address Line 1: _____

Address Line 2: _____

*City: _____ *Province/State: _____ *Postal Code/Zip Code: _____ *Country: _____

PROFESSION

- | | | |
|---|---|--|
| <input type="radio"/> None | <input type="radio"/> Industry | <input type="radio"/> Non-Government Organization /Association |
| <input type="radio"/> Retired | <input type="radio"/> Clinical/Healthcare | <input type="radio"/> Government |
| <input type="radio"/> Research / Academic | <input type="radio"/> Trainee | <input type="radio"/> Other |

CNS MEMBER SPONSOR (for CNS Student and Young Professional members only)

If you are a student member or are in transition from a CNS Student member to Young Professional member, please complete this section. If you do not have a sponsor name, please leave blank and we will help to identify a sponsor for you.

SPONSOR INFORMATION:

Name: _____ E-mail: _____

PAYMENT

Payment is required with the submission of this application. Please print this form and mail to the address below, along with a cheque (payable to the CNS in CDN\$) or credit card payment outlined in the next section.

MEMBERSHIP CATEGORY: _____

TOTAL FEE (including taxes above) _____

Payment info

Visa Master Card AMEX

Credit card number _____

Expiry _____ CSV _____

Name on Card _____

Signature _____

Cheque (payable to CNS) 1867 La Chapelle Street, Email: info@cns-scn.ca

Please mail completed registration forms along with cheque (if payment method) to:

Canadian Nutrition Society
1867 La Chapelle Street
Ottawa, ON Canada
K1C 6A8

