

## Membership Application

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Salutation (Mr. Mrs. Ms. Other \_\_\_\_\_) Previous Member? (Yes No)

Board/Organization: \_\_\_\_\_

School/Site: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Other information \_\_\_\_\_

In the past, members have appreciated receiving of list with other members' contact info.

I do not want my contact info to be available to other CESBA members.

I subscribe to, and support, CESBA's main object – "to promote and advance the cause of adult and continuing education" and agree to abide by CESBA's bylaws.

Date \_\_\_\_\_ Signature \_\_\_\_\_

PAYMENT: One year's full payment (to Dec 1) is \$85.00 (\$79.44 + \$5.56 GST)

After Apr 1, partial payment (to Dec 1) is \$55.00 (\$51.40 + 3.60 GST)

Amount enclosed \$ \_\_\_\_\_ Ref CESBA GST#882254410RT

Cheques (along with application form) may be mailed to:

Brenda B King, Executive Director CESBA

Box 611

Iroquois, ON K0E 1K0

If paying by credit card, mail or fax (613-652-4297) membership application.

VISA       MASTERCARD      Expiry Date \_\_\_\_\_

Card Number \_\_\_\_\_ Signature \_\_\_\_\_

Thank you. You should receive confirmation within 2-3 weeks.