



Membership Application/Renewal

New Member **Renewal** **Membership Number:** _____

Last Name: _____

First Name: _____ Title (choose one):

Street Address: _____

City: _____ Province: _____ Zip: _____

Country: _____

E-mail: _____ Telephone: _____

University or Employer: _____

Position or Title: _____

Education (Degrees, Diplomas, Institutions and Dates – *for new application or correction*):

Field of Microscopy:

Physical
Biomedical

Materials
Instrumentation

Biological

Specific Area of Interest (*for new application or correction*) :

Membership Options

	1 year	5 years
Ordinary Member	\$ 40	\$ 200
Retired Member	\$ 28	\$ 140
Corporate Member	\$ 195	\$ 975
Students*	\$ 15	

*A certificate by the supervisor must be included with the form.

Bulletin Newsletter

I do not want to receive the Bulletin newsletter (sent 3-4 times per year).

Donation to Canadian Foundation for the Development of Microscopy

The CFDM is a branch of the MSC to promote student development in microscopy fields.

Amount given to the CFDM: \$ _____ (include payment with the form).

Payment

All fees are in Canadian Dollars. Because of the prohibitive cost associated with setting up an online payment system, we can only accept payment by mail for cheques and credit cards or by telephone for credit cards.

I would like to receive a receipt for my inscription.

Please proceed by carrying out the following two steps:

- 1 Save this form and email it to: membership@msc-smc.org
- 2 Print this form and mail it together with :
your cheque (made to the order of the Microscopical Society of Canada)
or your credit card information (written by hand) *
 Visa Mastercard
Card No. : _____
Expiration Date : ____/____
 Mo Yr
Signature : _____

to: Dr Pierre M. Charest
2425 rue de l'agriculture
FSAA – Pavillon Paul-Comtois
Université Laval
Québec, Qc, Canada
G1V 0A6

* The credit card information cannot be filled electronically to avoid it being sent by email by mistake.

Notes (For administrative use only)