Membership Application/Renewal

City: Province: Zip: Country: E-mail: Telephone: University or Employer: Position or Title: Education (Degrees, Diplomas, Institutions and Dates – for new application or correction	First Name: Title (choose one): Street Address: Province: Zip: Country: Telephone: University or Employer: Position or Title: Education (Degrees, Diplomas, Institutions and Dates – for new application or correction Field of Microscopy: Physical Materials Biological Biomedical Instrumentation	New Member	Renewal	Membership Number	er:
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 Materials Biological Biomedical Instrumentation	Last Name:			
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 Materials Biological	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 Materials Biological Biomedical Instrumentation	First Name:		Title (ch	noose one):
E-mail: Telephone: University or Employer: Position or Title: Education (Degrees, Diplomas, Institutions and Dates – for new application or correction	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 Materials Biological Biomedical Instrumentation	Street Address:			
University or Employer: Position or Title: Education (Degrees, Diplomas, Institutions and Dates – for new application or correction Field of Microscopy: Physical Materials Biological	E-mail: Telephone: University or Employer: Position or Title: Education (Degrees, Diplomas, Institutions and Dates – for new application or correction Field of Microscopy: Physical Materials Biological Biomedical Instrumentation	City:		Province:	Zip:
University or Employer: Position or Title: Education (Degrees, Diplomas, Institutions and Dates – for new application or correction Field of Microscopy: Physical Materials Biological	University or Employer: Position or Title: Education (Degrees, Diplomas, Institutions and Dates – for new application or correction Field of Microscopy: Physical Materials Biological Biomedical Instrumentation	Country:		_	
Education (Degrees, Diplomas, Institutions and Dates – for new application or correction Field of Microscopy: Physical Materials Biological	Position or Title: Education (Degrees, Diplomas, Institutions and Dates – for new application or correction Field of Microscopy: Physical Materials Biological Biomedical Instrumentation	E-mail:		Telephone:	
	Education (Degrees, Diplomas, Institutions and Dates – for new application or correction Field of Microscopy: Physical Materials Biological Biomedical Instrumentation	University or Employer:			
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	Biomedical Instrumentation				
	Biomedical Instrumentation				
וויסנו עווויכוונמניטוו	Specific Area of Interest (for new application or correction):	Field of Microscopy:			Biological
Specific Area of Interest (for new application or correction):		Specific Area of Interest (fo	or new application (or correction) :	

Membership Options	1 year	5 years
Ordinary Member	\$ 40	\$ 200
Retired Member	\$ 28	\$ 140
Corporate Member	\$ 195	\$ 975
Students* *A certificate by the supervisor must be included with the form.	\$ 15	

Bulletin Newsletter

I do **not** wish 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 em	ail it to:	membershi	o@	msc-sm	c.org
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2	Print this form and mail it together with : your cheque (made to the order of the Microscopical Society of Canador your credit card information (written by hand) *			
	☐ Visa ☐ Mastercard			
	Card No. :			
	Expiration Date :/_ Mo Yr			

Signature :

to: Ms Line Mongeon McGill University

Strathcona Bldg, room I-48 3640 University Street

Montreal, Quebec, Candata

H3A 2B2

Notes (For administrative use only)

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