

## Application for CASCA Associate Membership

I hereby apply for membership in the Canadian Astronomical Society as an Associate member. Unless I send a written resignation to the CASCA Secretary, I will receive a yearly invoice for membership dues, including late fees and unpaid dues if applicable.

I declare that I satisfy the requirements for membership indicated in the by-laws.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

This application is supported by (both nominators must be CASCA members in good standing):

Name of Nominator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Nominator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please print:

Applicant's Last Name (Surname) \_\_\_\_\_, First Name (Given) \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal code \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_ Dues to be paid by (name) \_\_\_\_\_

Degrees received or expected; specify date, institution and specialization for each degree.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional work experience related to astronomy or astronomy outreach.

\_\_\_\_\_  
\_\_\_\_\_

Papers, documents, classes or presentations arising from your professional experience. (Please list separately.)

### To complete your application:

1) Email the completed form and attachment to [CASCA-Secretary@casca.ca](mailto:CASCA-Secretary@casca.ca) OR print and mail completed form and attachment to: CASCA Secretary, James Di Francesco, Herzberg Astronomy and Astrophysics Program, National Research Council, 5071 West Saanich Road, Victoria BC, V9E 2E7.

2) Pay membership dues with PayPal online at [http://casca.ca/?page\\_id=211](http://casca.ca/?page_id=211) (scroll down to button) OR mail (payable to CASCA) to: CASCA, c/o Susan Di Francesco, 100 Viaduct Ave W, Victoria BC, V9E 1J3.