

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 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) After your application is accepted, you will receive an email with a link to your CASCA account, which will have instructions for paying dues through PayPal (debit or credit card), cheque, or e-transfer.