

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, Dr. Judith Irwin, Stirling Hall, Queen's University, Kingston ON K7L 3N6.

2) Pay your dues by e-transfer: Email your link with security question and answer to casca at [casca.ca](mailto:casca@casca.ca).
OR pay dues by cheque payable to Canadian Astronomical Society and mail to
CASCA, 2219 Vancouver St., Victoria, BC V8T4A1.