

## 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, Dr. Robert Cockcroft, McMaster University (ABB 237), 1280 Main St W, Hamilton ON L8S 4M1.

2) Pay your dues by e-transfer: Email your link with security question and answer to casca at [casca.ca](mailto:casca.ca). OR pay dues by cheque payable to Canadian Astronomical Society and mail to CASCA, 2219 Vancouver St., Victoria, BC V8T 4A1.