Application for CASCA Graduate Student Membership

I hereby apply for membership in the Canadian Astronomical Society as a Student 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 meml	bership as indicated in the by-	·laws.
Signature of Applicant	Date	
This application is supported by:		
Supervisor's Name	Signature	Date
Student members don't have to pay first year n first year students: Supervisor's initial that app	<u>-</u>	•
If the supervisor is a CASCA member in good state otherwise obtain the additional support of a CAS		
Name of nominating CASCA member	Signature	Date
Please print:		
Applicant's Last Name (Surname)	, First Name (Given)	
Department and Institution		
Address	City	Province
Postal Code Telephone	Email	
Website	Dues to be paid by (name)	
Date officially registered in present recognized g	raduate degree program:	
Degrees received (if applicable) or expected; spe	ecify date, institution and spec	cialization for each degree.
If applicable, research and teaching experience:	include dates, title and institu	tion for each position.
Number of research papers in refereed journals	If applicable, plea	se attach list of most recent.
To complete your application:		

- 1) Email the completed form and attachment to CASCA-Secretary@casca.ca
- 2) Pay your dues by e-transfer: Email your link with security question and answer to casca at casca.ca. OR pay dues by cheque payable to Canadian Astronomical Society and mail to CASCA, 2219 Vancouver St., Victoria, BC V8T4A1.