Application for CASCA Undergraduate 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 requiremen	nts for membership as indicated in the by	y-laws.	
Signature of Applicant	Date	Date	
This application is supported by:			
Supervisor's Name	Signature	Date	
•	er in good standing, only the supervisor's ort of a CASCA member in good standin	•	
Name of nominating CASCA membe	er Signature	Date	
Please print:			
Applicant's Last Name (Surname)	, First N	, First Name (Given)	
Department and Institution			
Address	City	Province	
Postal Code Tel	lephone Em	nail	
Website	Dues to be paid by (Dues to be paid by (name)	
Date officially registered in present re	ecognized undergraduate degree progran	n:	
Degrees received (if applicable) or ex	xpected; specify date, institution and spe	ecialization for each degree.	
If applicable, research and teaching e	experience: include dates, title and instit	ution for each position.	
Number of research papers in referee	ed journals If applicable, ple	ase attach list of most recent.	
To complete your application:			
1) Email the completed form and attachment	to CASCA-Secretary@casca ca OR print and ma	ail completed form and attachment to:	

- 1) Email the completed form and attachment to CASCA-Secretary@casca.ca OR print and mail completed form and attachment to: CASCA Secretary, Robert Cockcroft, Department of Physics and Astronomy, ABB 237, McMaster University, Hamilton, Ontario, L8S 4M1
- 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.