

PLEASE PRINT/MERCI D'INSCRIRE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Nom de Famille \_\_\_\_\_ Prenom \_\_\_\_\_  
Company or Employer \_\_\_\_\_  
Compagnie ou Employeur \_\_\_\_\_  
Company Address \_\_\_\_\_  
Adresse d'affaires \_\_\_\_\_ City/Ville \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax No.( ) \_\_\_\_\_  
E-Mail Address / Courriel \_\_\_\_\_  
Home Address \_\_\_\_\_  
Adresse Personnelle \_\_\_\_\_ City/Ville \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax No.( ) \_\_\_\_\_

Please send correspondence to/ Envoyez la correspondance a	Home Address/Adresse personnelle [ ] Company Address/Adresse d'affaires [ ]
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**APPLICATION FOR MEMBERSHIP - DEMANDE D'ADHESION**

Type of Membership Requested/Statue de membre desire: [ ] General/Général [ ] Sustaining/De soutien  
Professional Qualifications/Qualifications professionnelles \_\_\_\_\_  
Training and Experience/Formation et expérience \_\_\_\_\_  
Occupation/Domaine d'activité:  
( ) Consultant/Conseiller ( ) Transportation (Goods)/Transport (Marchandise)  
( ) Contractor/Entrepreneur ( ) University/Université  
( ) Equipment & Plant/Matériel et usine ( ) Researcher/Chercheur  
( ) Materials Supplier/Fournisseur de matériaux ( ) Fed. Government/Gouvernement fédéral  
( ) Testing Laboratory/Laboratoire d'essai ( ) Provincial Government/Gouvernement provincial  
( ) Technical Association/Association technique ( ) Local Government/Gouvernement local  
( ) Technical College/Collège technique ( ) Student/Étudiant  
( ) Other/Autre \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Applicant / Signature du Candidate \_\_\_\_\_

MasterCard or VISA number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

2011 Annual Membership Dues /Cotisation annuelle: General / Général: \$165.00 + applicable taxes / impôts applicables  
Sustaining / Soutien \$375.00 + applicable taxes / impôts applicables Student / Étudiant: \$ 50.00 + applicable taxes / impôts applicables

GST/HST Exemption # (if applicable. Applies only if company is exempt and company is paying for the membership) \_\_\_\_\_

Please enclose payment with application/S'il vous plait, envoyer la cotisation avec le demande d'adhésion.

**REQUEST FOR ADDITIONAL INFORMATION/DEMANDE DE RENSEIGNEMENTS SUPPLÉMENTAIRES**

Please forward additional information regarding the/Veuillez me faire parvenir des renseignements sur:

[ ] Upcoming Conference/La conférence annuelle  
[ ] Conference Proceedings/Les actes de la conference  
[ ] Association/L'Association  
[ ] Student Book Awards and Memberships/Les livres de les cartes de membre offerts aux étudiants  
[ ] Nominations for Honorary Membership/La nomination des membres honoraires