

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:

- |  |   |
|--|---|
| <input type="checkbox"/> Consultant/Conseiller                       | <input type="checkbox"/> Transportation (Goods)/Transport (Marchandise) |
| <input type="checkbox"/> Contractor/Entrepreneur                     | <input type="checkbox"/> University/Université                          |
| <input type="checkbox"/> Equipment & Plant/Matériel et usine         | <input type="checkbox"/> Researcher/Chercheur                           |
| <input type="checkbox"/> Materials Supplier/Fournisseur de matériaux | <input type="checkbox"/> Fed. Government/Gouvernement fédéral           |
| <input type="checkbox"/> Testing Laboratory/Laboratoire d'essai      | <input type="checkbox"/> Provincial Government/Gouvernement provincial  |
| <input type="checkbox"/> Technical Association/Association technique | <input type="checkbox"/> Local Government/Gouvernement local            |
| <input type="checkbox"/> Technical College/Collège technique         | <input type="checkbox"/> Student/Étudiant                               |
| <input type="checkbox"/> Other/Autre _____                           |   |

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

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

2010 Annual Dues for Individual Members/Cotisation annuelle: General Membership: \$165.00 + \$ 19.80 HST/TVH  
Sustaining Membership \$375.00 + \$45.00 GST/TVH Student Membership: \$ 50.00 + \$ 6.00 GST/TVH

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