



The Canadian Society of Plant Biologists  
*www.cspb-scbv.ca*  
2019 Membership Renewal / Application Form

Renewal  New Membership

**A. Personal Information:**

Salutation: Ms.  Mr.  Dr.  Prof.

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Surname \_\_\_\_\_

Department / Unit \_\_\_\_\_

Street / Building \_\_\_\_\_

University / Institution / Company \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_@\_\_\_\_\_

**B. Membership Type:**

| Type   | One Year                         | Two Years                         | Three Years                       |
|--|----------------------------------|-----------------------------------|-----------------------------------|
| Full   | <input type="checkbox"/> \$70.00 | <input type="checkbox"/> \$140.00 | <input type="checkbox"/> \$210.00 |
| PDF/Res. Assoc.                              | <input type="checkbox"/> \$30.00 | <input type="checkbox"/> \$60.00  | <input type="checkbox"/> \$90.00  |
| Student                                      | <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$40.00  | <input type="checkbox"/> \$60.00  |
| Emeritus                                     | <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$40.00  | <input type="checkbox"/> \$60.00  |
| Corresponding (resides outside of<br>Canada) | <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$40.00  | <input type="checkbox"/> \$60.00  |

**C: CSPB Charitable Donations (itemized as charitable donation on receipt):**

George Duff Travel Bursary Fund \$ \_\_\_\_\_

Ann Oaks Scholarship Fund \$ \_\_\_\_\_

Carl Douglas Endowment Fund \$ \_\_\_\_\_

**D: CSPB Address (where you should send the form and payment):**

Harold Weger, CSPB Membership Coordinator,

Dept. of Biology University of Regina,

3737 Wascana Parkway, Regina, SK,

Canada, S4S 0A2

**e-mail:** harold.weger@uregina.ca

**fax:** 1-306-337-2410

**tel:** 1-306-585-4479

**E: Payment:**

TOTAL DUE (B + C): \$ \_\_\_\_\_

Cheque Enclosed (please make cheque payable to CSPB and mail with form to the address above)

Visa  MasterCard  American Express

Credit Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

Fax or mail credit card payment to the address above.

(We also offer an on-line renewal option at: [http://www.cspb-scbv.ca/membership\\_paypal.shtml](http://www.cspb-scbv.ca/membership_paypal.shtml))