

## Membership Application and Renewal

Mr.       Mrs.       Ms.       Dr.

▲ Last Name \_\_\_\_\_ ▲ First Name \_\_\_\_\_

▲ Address \_\_\_\_\_

▲ Address \_\_\_\_\_

▲ City \_\_\_\_\_ ▲ Province \_\_\_\_\_ ▲ Postal Code \_\_\_\_\_

(    ) \_\_\_\_\_

▲ Daytime Phone (include area code) \_\_\_\_\_ ▲ Email \_\_\_\_\_

Language  E  F

Professional Information (check all that apply):

Occupation

- Research / Teaching
- Direct Service
- Administration / Management
- Health Care Provision
- Planning
- Consulting
- Student
- Senior
- Other: \_\_\_\_\_

Institution

- Education
- Government
- Hospital
- Long-Term Care
- Community Care
- Private Practice
- Social Service
- Private Industry
- Other: \_\_\_\_\_

Area of Research: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

Divisions – Number (1, 2) a maximum of 2 divisions to which you wish to belong:

- Health and Biological Sciences
- Social Policy and Practice
- Social Sciences
- Educational Gerontology
- Psychology
- General

**Check here if you are renewing your membership**

Membership Number: \_\_\_\_\_

**Membership Type**

- Organizational.....\$227
- Regular .....\$159
- Person Aged 65+ .... \$ 81
- Student (full-time).... \$ 81
- Recent Graduates \$ 81

Date of Graduation \_\_\_\_\_

(Enables student members to renew their membership for one additional year if they have become part-time students or have recently graduated.)

▲ Current Level and Program of Study \_\_\_\_\_

▲ Institution \_\_\_\_\_

▲ Recruited by \_\_\_\_\_

I wish to make a tax-deductible donation to the CAG:

- Donor ..... \$ 50 - 499
- Benefactor ..... \$ 500 - 999
- Friend ..... \$1000+
- Other ..... \$ \_\_\_\_\_

**Payment must accompany application. Cheques must be in Canadian currency and made payable to CAG.**

Annual Membership Dues: \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

**Payment Method:**

- Cheque     Visa     MasterCard

▲ Card Number \_\_\_\_\_

▲ Expiry Date      ▲ Signature \_\_\_\_\_

▲ Name as shown on card \_\_\_\_\_