



The Canadian Society of Plant Physiologists  
*www.cspp-scpv.ca*  
2012 Membership Renewal / Application Form

Renewal  New Membership

**A. Personal Information:**

Salutation: Ms.  Mr.  Dr.  Prof.

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

Department \_\_\_\_\_

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

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

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

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

**B. Membership Type:**

Type	One Year	Two Years	Three Years
Full	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$120.00
PDF/Res. Assoc.	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$75.00
Student	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$45.00
Emeritus	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$45.00
Corresponding (resides outside of Canada)	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$45.00

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

George Duff Travel Fund (awarded to selected students and post-docs to assist in attending our national meeting)  
\$ \_\_\_\_\_

Ann Oaks Scholarship Fund (to provide NSERC-level scholarship for a Ph.D. student)  
\$ \_\_\_\_\_

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

Harold Weger, CSPP Treasurer, Dept. of Biology  
University of Regina, 3737 Wascana Parkway  
Regina, SK S4S 0A2

e-mail: treasurer@cspp-scpv.ca  
fax: 306-337-2410  
tel: 306-585-4479

**E: Payment:**

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

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

VISA \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Master Card \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 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.cspp-scpv.ca/registration.shtml>)