

*MANDATORY FIELDS		PLEASE INDICATE ANY CHANGES TO THE ABOVE INFORMATION	
NAME OF UNIVERSITY/INSTITUTE*			
DEPARTMENT*			
ADDRESS*			
CITY*	PROVINCE/STATE*	COUNTRY*	POSTAL CODE/ZIP CODE*
SHIPPING ADDRESS (IF DIFFERENT FROM ABOVE)			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			
PHONE NUMBER*		FAX	
EMAIL*		HOME PAGE	
PREFERRED LANGUAGE OF CORRESPONDENCE: ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/>			

(A) INSTITUTIONAL MEMBERSHIP CATEGORIES

CATEGORY	Canadian Addresses (CDN\$)	Non-Canadian Addresses (US\$)	PERIODICALS INCLUDED (PRINT AND ON-LINE, except CMS Notes which is online only starting in 2020)
CATEGORY A – Departments granting PH.D.	\$1,275	\$1,275	CJM, CMB AND THE CMS NOTES
CATEGORY B – Departments granting M.SC.	\$840	\$840	CJM, CMB AND THE CMS NOTES
CATEGORY C – Other university departments	\$330	\$330	CMS NOTES
CATEGORY D – Colleges, Cegeps & High Schools	\$125	\$125	CMS NOTES

(B) STUDENT SPONSORSHIP OPTION

BENEFITS TO STUDENTS INCLUDED	RATE (CDN\$ or US\$)	INSTRUCTIONS FOR STUDENT LIST FORMAT
Students will receive the same benefits of a regular CMS member; see CMS website for complete list of benefits at cms.math.ca/Membership/individual/benefits	\$44.00/Student	Please supply your list of students in Excel format with fields for first name, last name, degree and email address. Send list to: memberships@cms.math.ca

(C) DONATION TO CMS

If you wish to further support the Canadian Mathematical Society and its research and educational programs, we welcome further donations that will help us continue to be the voice of the Canadian mathematics community.

Yes, I wish to donate to the Canadian Mathematical Society in the amount of \$_____.

ORDER

	MEMBERSHIP CATEGORY TOTAL (A)	\$
No. of Students _____ x \$44.00 (CDN\$) /Student:	STUDENT SPONSORSHIP TOTAL (B)	\$
	DONATION TOTAL (C)	\$
	(A+B+C) GRAND TOTAL	\$

PAYMENT INFORMATION

Non-Canadian addresses pay in US funds.

PAYMENT METHOD: Credit card: Visa MasterCard Cheque: Cheque number _____

Credit card number _____ / _____ / _____ / _____ Expiry ____ / ____

Printed name on card _____

Signature _____

CHEQUES DRAWN ON CANADIAN OR US BANK. BANK ADDRESS MUST APPEAR ON CHEQUE. CHEQUES ARE PAYABLE TO THE CANADIAN MATHEMATICAL SOCIETY.
GST/HST# 11883 3979 RT
All rates are subject to change.

OFFICE USE ONLY

Please complete and return form by email at memberships@cms.math.ca or by mail at CMS, 209 – 1725 St. Laurent Blvd, Ottawa, ON K1G 3V4 CANADA