

MEMBER INFORMATION			MANDATORY FIELDS*	
NAME OF COMPANY*			PREFERRED LANGUAGE: ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/>	
ADDRESS*				
CITY*	PROVINCE/STATE*	COUNTRY*	POSTAL CODE/ZIP CODE*	
PHONE NUMBER*		FAX		
EMAIL*		HOME PAGE		
INDUSTRY TYPE				

COMPANY REPRESENTATIVE		
NAME	TITLE	
TELEPHONE*	FAX	EMAIL
ALTERNATE NAME	TITLE	
TELEPHONE	FAX	EMAIL

	Canadian Addresses (CDN \$)	Non-Canadian Addresses (US\$)
2024 CORPORATE RATE	\$615.00	\$615.00
TOTAL		\$

PAYMENT INFORMATION		RATE IS SUBJECT TO CHANGE.	
Payment Method	Credit card: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	Cheque: Cheque number _____	
Credit card number	_____/_____/_____/_____	Expiry ____/____	
Printed name on card	_____		
Signature	_____		
<p>NON-CANADIAN ADDRESSES PAY IN US FUNDS. CHEQUES DRAWN ON CANADIAN OR US BANK. BANK ADDRESS MUST APPEAR ON CHEQUE. CHEQUES ARE PAYABLE TO THE CANADIAN MATHEMATICAL SOCIETY – PAYMENT MUST ACCOMPANY FORM</p> <p style="text-align: right;">GST/HST# 11883 3979 RT</p>			
OFFICE USE ONLY			