

*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 ☐ FRENCH ☐			

CATEGORY	Canadian and International Addresses (CDN\$)	PERIODICALS INCLUDED (PRINT AND ON-LINE, except CMS Notes which is online only since 2020)
CATEGORY A – Departments granting PH.D.	\$1,530	CJM, CMB AND THE CMS NOTES
CATEGORY B – Departments granting M.SC.	\$1,010	CJM, CMB AND THE CMS NOTES
CATEGORY C – Other university departments	\$400	CMS NOTES
CATEGORY D – Colleges, Cegeps & High Schools	\$150	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	\$50.00/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 \$_____.

(D) CAIMS INSTITUTIONAL MEMBERSHIP OPTION

Academic Departments and Research Institutes may pay for their CAIMS institutional membership through the CMS.

RATE
(CDN\$ ONLY)

View benefits at <https://caims.ca/institutional-membership/>

Institutional with a total enrollment of 10,000 or more students

\$300 /year

Institutions with a total enrollment fewer than 10,000 students

\$200 /year

Note that associated memberships included with institutional membership must be sent directly to CAIMS at secretary@caims.ca.

ORDER

MEMBERSHIP CATEGORY TOTAL (A)		\$
No. of Students _____ x \$50.00 (CDN\$) /Student:	CMS STUDENT SPONSORSHIP TOTAL (B)	\$
DONATION TOTAL (C)		\$
CAIMS INSTITUTIONAL MEMBERSHIP OPTION (D)		\$
(A+B+C+D) GRAND TOTAL		\$

PAYMENT INFORMATION

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, 616 Cooper Street, Ottawa, ON K1R 5J2 CANADA