



THE CANADIAN PHYTOPATHOLOGICAL SOCIETY

Renewal of Membership/Application for Membership For Year 2017 (January - December)

Last Name: _____ First Name _____ Title: _____

Membership Renewal: Check this box if no change in information from 2015 Membership Directory.

Department: _____ Organization: _____

Mailing Address: _____

Town/City: _____ Province /State _____

Postal Code: _____ Country _____

Phone: _____ Fax: _____ E-mail: _____

2017 MEMBERSHIP [Professional dues]

Note: **The Canadian Journal of Plant Pathology is now available on-line to all CPS paying members.**

Please indicate if you would like to receive a printed copy of the CJPP.

Yes for a printed copy of CJPP OR **No for a printed copy of CJPP, Online only**

Membership Type	One year	X Years (Max 5 years)	2017/2018/2019/2020/2021
Regular & CPS Fellow	100.00	100 * X	_____
Emeritus** (with journal)	50.00	50 * X	_____
Emeritus** (without journal)	0.00	0.00	_____
Student (sign on next page)	50.00	50 * X	_____
Technician (sign on next page)	50.00	50 * X	_____
Sustaining Associate	Minimum 200.00	200 * X	_____

** Must have been a CPS members for a minimum of 10 years before retirement

LATE FEES [note – this does not apply to new member applications]

Membership renewals after **January 31, 2017** will be assessed a late fee of \$15..... _____

DONATIONS TO CPS [Official charitable donation income tax receipt will be issued]

Award for Outstanding Research (donations from Henry & Yarwood)..... _____

Outstanding Young Scientist Award..... _____

Best Student Presentation Awards

Glenn Anderson Lectureship (Given at ICPP and joint CPS-APS meetings)

Student Travel Award Fund

Graduate Student Scholarship

Other (please specify)

TOTAL REMITTED (in Canadian Funds)..... _____

METHOD OF PAYMENT – Cheque or Money Order

Please make payable to **The Canadian Phytopathological Society** in Canadian funds.

Credit Card. Charge my Visa or MasterCard or American Express

Card Number _____ Expiry Date _____

Card Holder's Name _____ Signature _____

Receipts: Receipts for professional dues will be mailed to the CPS member unless an alternative name with mail or email address is provided below. Receipts for charitable donations will be issued separately.

Name: _____ Email address: _____

Mail address: _____

Please return this application with your payment to: **Dr. Vikram Bisht,**
Membership Secretary (CPS); 65, 3rd Avenue NE, P.O. Box 1149, Carman, Manitoba, MB, Canada, R0G 0J0
Phone: (204) 745-0260 Fax: (204) 745-5690 E-mail: vikram.bisht@gov.mb.ca

Name:.....

MEMBERSHIP DIRECTORY

- YES, I would like to receive the CPS membership directory
- NO, I do not wish to receive CPS membership directory.

It is anticipated that the 2017 membership directory will be available by June, 2017.

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE CPS MEMBERSHIP DIRECTORY.

Check this box if no change in information from 2016 Membership Directory

Degree(s) & Academic Institution(s): [Complete if new member, or if you would like to update your entry]:

Please provide a brief description of your area of expertise, research interests and the crops you work on. Please check your current membership directory entry for accuracy and provide changes if necessary.

STUDENT / TECHNICIAN MEMBERSHIP CERTIFICATION

This certifies that _____ is a full-time student/technician in the Department of _____ at the University/Research Centre of _____

Supervisor's Name _____ Signature _____

OTHER JOURNAL SUBSCRIPTIONS

- Annual Review of Phytopathology: Available directly from Annual Reviews (<http://www.annualreviews.org>) at a 30% discount to members. Indicate you are a member of CPS when ordering.

ISPP WORLD DIRECTORY

The CPS contributes membership information to the World Directory of Plant Pathologists on the ISPP (International Society for Plant Pathology) website. This is a searchable, on-line database, located at: http://www.scisoc.org/ispp/world_directory/. Information provided includes name, address, phone, fax, e-mail and research interests. Many other plant pathology societies, including APS, also contribute to the directory.

If you have any objection to your name and address appearing in the online directory, please indicate so here or contact the membership secretary. (Updated directory information will be sent to ISPP twice per year).

Do not include my name and contact information in the ISPP directory

PRIVACY POLICY

CPS values its members' right to privacy. Information collected on this form will be used for CPS business only, and will not be sold to outside organizations. Membership information will be used for mailing journals, newsletters and meeting notices, and will be published in the Membership Directory. Contact information is also provided to the ISPP World Directory unless you indicate otherwise. Please contact the membership secretary if you have any concerns.

Dr. Vikram Bisht, Membership Secretary (CPS); 65, 3rd Avenue NE, P.O. Box 1149, Carman, Manitoba, Canada R0G 0J0, Phone: (204) 745-0260 Fax: (204) 745-5690 E-mail: vikram.bisht@gov.mb.ca