



THE CANADIAN PHYTOPATHOLOGICAL SOCIETY

Renewal of Membership/Application for Membership

Last Name: _____ First Name: _____ Title: *Ms./Mr./Dr.* _____
 Department: _____ Organization: _____
 Mailing Address: _____
 Town/City: _____ State/Province: _____
 Postal Code: _____ Country: _____
 Phone: _____ Fax: _____ Email: _____

MEMBERSHIP FEES FOR 2022 CALANDER YEAR	1 year	2-5 years	Your fee
Regular member	\$100	\$100 x	_____
Students*#	\$25	\$25 x	_____
Technician#	\$50	\$50 x	_____
Post Doc#	\$50	\$50 x	_____
Emeritus@ (with CJPP printed copy)	\$50	\$50 x	_____
Emeritus (without CJPP)	free	free	_____
Sustaining Associate	\$200	\$200 x	_____

* Students enrolled in a plant pathology program at a Canadian University or Canadian students studying abroad.

The supervisor confirm the status by signing below.

@ Emeritus status is awarded to retired individuals who have been CPS members for a minimum of 10 years.

SUPERVISOR CONFIRMATION OF STUDENT / TECHNICIAN / POST-DOC STATUS

This certifies that _____ is a full-time student / technician / post-doc (select one) in the
 Department of _____ at the University / Research Centre of _____

Supervisor's name (print) _____ Signature _____

DONATIONS. A receipt for the charitable donation will be issued separate from the membership renewal receipt.

Award for Outstanding Research \$ _____
 Outstanding Young Scientist Award \$ _____
 Best Student Presentation Awards \$ _____
 Graduate Student Travel Awards \$ _____
 John Yorston Graduate Student Scholarships \$ _____
 Greg Boland Invited Speaker \$ _____
 Glenn Anderson Lectureship (given at ICPP and joint CPS-APS meetings) \$ _____
 Other (please specify) \$ _____

Add a \$15 late fee for membership renewals after **February 15, 2022**

Total membership fee and donations in Canadian dollars \$ _____

METHOD OF PAYMENT

1) Cheque or money order: Payable to the Canadian Phytopathological Society.

2) Credit Card: Visa or MasterCard or American Express

Card Number _____ Expiry Date _____

Card holder's name _____ Signature _____

Receipt for paid membership fee will be mailed to the address above, unless other information is provided here:

Name: _____ Email address: _____

Mailing address: _____

THE CANADIAN JOURNAL OF PLANT PATHOLOGY

Articles in the CJPP are freely available on-line to all paying CPS members. In addition, the CPS pays the publisher \$30 for printing and mailing each issue of the journal. To save this cost, and reduce the carbon foot-print you can decline receiving the printed copy. Would you like to receive 6 printed issues of CJPP per year Yes No

CPS MEMBERSHIP DIRECTORY

Check this box if there are no changes to your information in the 2021 Membership Directory.

Complete the information below if you are a new member, or to update the current directory

Degree(s) and academic institution

A brief description of your area of expertise, research interests, and the crops and diseases you work on.

YES, I would like to receive the CPS 2022 Membership Directory by Email

NO, I do not wish to receive the CPS Membership Directory.

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 having your name and address appearing in the online directory, please indicate so here or contact the membership secretary.

Do not send my name and contact information to ISPP.

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. Please contact the membership secretary if you have any concerns.

Please return this CPS membership form with your payment to
Dr. Vikram Bisht, CPS Membership Secretary
65 3rd Avenue NE, P.O. Box 1149, Carman, MB, R0G 0J0, Canada

Vikram Bisht contact information: Phone (204) 745-0260, Fax: (204) 745-5690, Email: vikram.bisht@gov.mb.ca