



THE CANADIAN PHYTOPATHOLOGICAL SOCIETY

Renewal of Membership/Application for Membership

Last Name: _____ First Name: _____

Title: (Ms. / Mr. / Mx. / Dr.) _____ Preferred Pronoun: He/She/They/Other _____

*Ethnicity: European/Asian/SE Asian/Mid-East/Hispanic/Indigenous N Amer or Aust/African/Other _____

*Country of Birth: _____ Languages known: _____

* ***Filling this is optional. This information will not be shared in the directory.***

Job Title: _____

Organization, Department: _____

Phone: _____ Email: _____

CPS Region (BC, AB, SK, MB, ON-southwest, ON-northeast, QC, Atlantic, Territories) : _____

Country (if international): _____

MEMBERSHIP FEES FOR CALENDAR YEAR: 2023 +	1 year	Your Fee
Regular member	\$100	_____
Students ^{1,2}	\$15	_____
Technician ²	\$25	_____
Post Doc ²	\$25	_____
Emeritus ³	Free	_____
Sustaining Associate	\$200	_____

¹ Students enrolled in a plant pathology program at a Canadian University or Canadian students studying abroad.

² The supervisor confirms the status by signing below.

³ 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 the applicant is a full-time student / technician / post-doc (select one) at the University / Research Centre.

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): \$ _____

Total membership fee and donations in Canadian dollars \$ _____

METHOD OF PAYMENT (check one)

Cheque payable to the Canadian Phytopathological Society e-Transfer to kennethconnCPS@gmail.com

Credit Card

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: _____

CPS MEMBERSHIP DIRECTORY

Check this box if you would like to be **excluded** from the Annual CPS Membership Directory.

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

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

Degree(s) and academic institution(s):

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

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, Email, 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. Kenneth Conn, Assistant to the CPS Treasurer
15 Sioux Court, London ON
N5V 4R3**

Phone: 519-453-5432

Email: kennethconncps@gmail.com