

DEPARTMENTAL MEMBERSHIP APPLICATION/RENEWAL FORM

HEAD/CHAIR OF DEPARTMENT		DEPARTMENTAL CONTACT
Name		Name
Telephone Number		Telephone Number
Fax Number		Fax Number
Email		Email
department website address		
Please indicate which of these items should	be s	ent to the departmental contact instead of the Chair:
9 University Prize Exam	9	Physics in Canada (hard copy)
9 Job openings	9	Other
INFORMATION REQUESTS (if applicable Undergraduate info - contact name	e): 	 Email
Masters' info - contact name		Email
PhD info - contact name		Email
MEMBERSHIP CATEGORY (plus tax):	• \$4 • \$2 • \$1	175.00 (offers a graduate program) 175.00 (offers a graduate program) 188.00 (offers a full undergraduate program) 190.50 (offers college level physics) 195.50 (offers all other physics related programs)
Please make cheque payable to CAP and return to	5	Canadian Association of Physicists 655 King Edward Avenue 13rd Floor 12rd ON KIN 7N5