



**Membership Application Form**

Please enrol me as a member in Youth Science Canada as follows:

- \$50.00 – Adult
- \$25.00 – Student (Full-time secondary/post secondary)

Additional Donation: \$ \_\_\_\_\_

Membership runs for the calendar year and expires one year from the date you join.

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Salutation: \_\_\_\_\_ (Mr., Ms., Dr., Prof., etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Please make cheque payable to **Youth Science Canada** and mail to:

Youth Science Canada  
PO Box 297  
Pickering, ON L1V 2R4

