

C.S.S.P.E. Membership Form

Please print & complete this form, & send, with payment (cheque or money order), to:

**CSSPE, c/o Angela White,
Department of Philosophy
Talbot College
The University of Western Ontario
London, Ontario
N6A 3K7
Canada**

Name: _____

Tel: _____

Mailing address:

Fax: _____

E-mail: _____

Date form sent: _____ Year(s) of Membership for which payment is being sent: _____

Please check one:

- Renewal
- New membership
- Cancellation

Type of Membership (please check one):

- Regular Membership (@ \$20/year)
- Contributing Membership (Optional) (@ \$35/year)
- Sustaining Membership (Optional) (@ \$75/year)
- Student (@ \$10/year)
- Low Income/Untenured (@ \$10/year)

FIELD (Please indicate your *primary* vocational activity or position):

INTERESTS (Please provide a few keywords to indicate your practice, research or teaching interests):

Do you want to have your name, affiliation and e-mail address listed on the CSSPE website? yes / no