

## 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,  
Rotman Institute of Philosophy  
Department of Philosophy  
Stevenson Hall  
The University of Western Ontario  
London, Ontario, N6A 5B8  
Canada**

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

Tel: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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 (@ \$30/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?

- No    Yes