

2010 MEMBERSHIP APPLICATION



Canadian Society for the Study of Higher Education
Société canadienne pour l'étude de l'enseignement supérieur
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	I would like to participate in the listserve. [<input type="checkbox"/>]
	I would like my name and biographical information to appear in a password-protected on-line or printed membership directory. [<input type="checkbox"/>]

Institutional Affiliation: _____
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 Highest degree: _____ Year granted: _____ University: _____
 Research Interests: _____
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 *Optional - All information provided will be kept confidential; for statistical purposes only.

Category	CANADA (mailing address in Canada)	USA (mailing address in the USA)	International (mailing address outside of Canada and the USA)
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Regular	\$110.00 <input type="checkbox"/>	\$120.00 <input type="checkbox"/>	\$125.00 <input type="checkbox"/>
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Category	CANADA (mailing address in Canada)	USA (mailing address in the USA)	International (mailing address outside of Canada and the USA)
THREE-YEAR TERM			
Regular	\$295.00 <input type="checkbox"/>	\$325.00 <input type="checkbox"/>	\$340.00 <input type="checkbox"/>
Student (includes Post-doct)	\$135.00 <input type="checkbox"/>	\$165.00 <input type="checkbox"/>	\$180.00 <input type="checkbox"/>
Retired	\$135.00 <input type="checkbox"/>	\$165.00 <input type="checkbox"/>	\$180.00 <input type="checkbox"/>

I would like to make a charitable contribution to the Canadian Society for the Study of Higher Education.
 [Official receipt for income tax purposes will be issued. Charitable registration number: 12649 3626 RR0001]

TOTAL _____

You will have access to electronic issues of the <i>Canadian Journal of Higher Education</i> .	Membership fees are GST/HST-exempt. Term of membership: 1 January to 31 December
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Please sign and return this form to CSSHE. Signature _____

1) By cheque or money order payable to CSSHE; or 2) By credit card	
Name (as it appears on card) _____	Card Number _____
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PLEASE RETURN A COPY OF THIS FORM WITH PAYMENT. PLEASE PAY IN CANADIAN FUNDS.