

CSAE Executive Membership Application

Organization Information

Organization Name: _____

Street Address: _____ **Suite:** _____

City: _____ **Province or Territory:** _____ **Postal Code:** _____

Phone: _____ **Ext.:** _____ **Toll Free:** _____ **Fax:** _____

Website: _____ **Twitter Handle:** _____

Organization Type:

Number of Staff: **Organization Budget:**

Please add the following individuals as CSAE executive members (including you if applicable)*

Multiple Membership Plans are available in the Executive member category only. To qualify, staff must work for the same non-for-profit organization at the same physical address. Please note that *Age Group* and *Year of Experience in Association Sector* are optional fields. To add more than six members, please use another copy of this form.

1	First Name: _____ Last Name: _____ Designations: _____
	Job Title: _____ Email: _____
	Language Preference: <input type="radio"/> English <input type="radio"/> French Phone Number: _____ Ext.: _____
	Title: <input type="text"/> Age Group: <input type="text"/> Years of Experience in the Association Sector: <input type="text"/>
2	First Name: _____ Last Name: _____ Designations: _____
	Job Title: _____ Email: _____
	Language Preference: <input type="radio"/> English <input type="radio"/> French Phone Number: _____ Ext.: _____
	Title: <input type="text"/> Age Group: <input type="text"/> Years of Experience in the Association Sector: <input type="text"/>
3	First Name: _____ Last Name: _____ Designations: _____
	Job Title: _____ Email: _____
	Language Preference: <input type="radio"/> English <input type="radio"/> French Phone Number: _____ Ext.: _____
	Title: <input type="text"/> Age Group: <input type="text"/> Years of Experience in the Association Sector: <input type="text"/>
4	First Name: _____ Last Name: _____ Designations: _____
	Job Title: _____ Email: _____
	Language Preference: <input type="radio"/> English <input type="radio"/> French Phone Number: _____ Ext.: _____
	Title: <input type="text"/> Age Group: <input type="text"/> Years of Experience in the Association Sector: <input type="text"/>
5	First Name: _____ Last Name: _____ Designations: _____
	Job Title: _____ Email: _____
	Language Preference: <input type="radio"/> English <input type="radio"/> French Phone Number: _____ Ext.: _____
	Title: <input type="text"/> Age Group: <input type="text"/> Years of Experience in the Association Sector: <input type="text"/>
6	First Name: _____ Last Name: _____ Designations: _____
	Job Title: _____ Email: _____
	Language Preference: <input type="radio"/> English <input type="radio"/> French Phone Number: _____ Ext.: _____
	Title: <input type="text"/> Age Group: <input type="text"/> Years of Experience in the Association Sector: <input type="text"/>

Membership Interests

Tell us your reasons for joining CSAE:

How did you hear about CSAE?

If you answered "Other", please specify here:

Single and Multiple Membership Group Plan Payment Information (Executive Member Category Only)

Rates	Tax Type	Tax Rate	Single Member	2-5 Members	6 or more Members
Base Rates (excluding tax)			\$575.00	\$1,200.00	\$1,750.00
BC / AB / SK / MB / QC / YT / NU / NT	GST	5%	<input type="radio"/> \$603.75	<input type="radio"/> \$1,260.00	<input type="radio"/> \$1,837.50
ON	HST	13%	<input type="radio"/> \$649.75	<input type="radio"/> \$1,356.00	<input type="radio"/> \$1,977.50
NB / NL / NS / PE	HST	15%	<input type="radio"/> \$661.25	<input type="radio"/> \$1,380.00	<input type="radio"/> \$2,012.50

(GST / HST: # R106866890)

Paid by: Individual Organization

Date: _____

Payment Type: AMEX MC VISA Cheque enclosed

Card Number: _____

Expiry Date: _____

Cardholder's Name: _____

I was referred to CSAE by (Name and Organization): _____

Name of person completing form: _____

Job Title: _____

Phone Number and Extension: _____

Email: _____

Clear all information and start again.

Save the form to complete it later or to send it via email.

Print the form to send it by mail or fax.

Please return this form to: CSAE - 10 King Street East, Suite 1100, Toronto ON M5C 1C3 - Fax: 416.363.3630
Email: member.info@csae.com - Ph: 416.363.3555 ext. 228 or 233 - Toll Free: 800.461.3608 ext. 228 or 233 - www.csae.com

CSAE values the privacy of its members. All information collected is done so in accordance with our Privacy Policy. For details, see www.csae.com.
* Membership is valid for one year from the date dues are received by CSAE. If there is an existing CSAE member at your organization, the additional membership(s) will have the same renewal dates as the existing member, with fees prorated accordingly. Dues are non-refundable.