

CORPORATE MEMBERSHIP APPLICATION FORM

To be considered by the CAP Membership Committee, please complete all of the following:

1. **Membership Listing:** Male [] Female []

NAME:

POSITION:

COMPANY:

ADDRESS:

CITY/PROV./POSTAL CODE:

TELEPHONE: _____ FAX: _____ E-MAIL:

WEBSITE:

TYPE OF PRODUCT/SERVICE PROVIDED:

2. Organization: (if desired, attach a brochure or other applicable information to this form)

3. Purposes:

What are you most interested in getting from CAP? (please check more than one if appropriate):

- Education
- Professional Development
- Business and Professional Contacts
- Active Participation in CAP Activities
- Other (please specify):

4. Level (see [chart of categories](#) for membership and benefit details):

- Supporter: (\$250)
- Advocate: (\$500)
- Patron: (\$1500)
- Champion: (\$2500)
- Visionary: (\$5000)

I WISH TO PAY THE FEE BY:

cheque/money order (enclosed)

Payable to:
Canadian Association of Physicists

Send to:
CAP, Suite 112 McDonald Bldg.,
150 Louis Pasteur
Ottawa ON K1N 6N5

Visa Mastercard

Card Number: _____

Expiry Date: _____ CVC: _____

Name on Card: _____

Send by fax to 613-562-5615 or email to cap@uottawa.ca