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MEMBERSHIP APPLICATION FORM

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Fax: _____ - _____ - _____

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Province/State: _____

Postal/Zip Code: _____

Tel.: _____ - _____ - _____

Fax: _____ - _____ - _____

Email: _____

Please send mail to: Home or Company

I do not wish to post my name on the CINDE website as a member.

Annual Membership Fees

Please indicate choice of membership:

- \$ 20.00 free
- \$ 70.00 Individual/USA
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- \$170.00 Sustaining
- \$485.00 Corporate

Annual Subscription Fee:
(for libraries only)

- \$ 90.00 Canada
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