



207 Bank Street Suite 419
 Ottawa, Ontario K2P 2N2 Canada
 Tel: 613.231.3977; Fax: 613.231.4406
 Email: coordinator@cac-accr.com
 www.cac-accr.ca

MEMBERSHIP RENEWAL
 for January 1 to December 31, 2010

DUE DATE: before February 28, 2010
(please note: late fee applies after that date)

CE FORMULAIRE EST AUSSI DISPONIBLE EN FRANÇAIS

Language of Correspondence: English Français

Name: _____

Institution/Business: _____

Mailing address:

Home Institution/Business

Street: _____

Apt. No.: _____

City: _____

Province: _____

Postal Code: _____

Country: _____

Telephone: __ (____) _____

Fax: __ (____) _____

Email: _____

Directory Information: *(cut off date for inclusion in Directory is April 30, 2010)*

same as mailing address as below

Street: _____

Apt. No.: _____

City: _____

Province: _____

Postal Code: _____

Country: _____

Telephone: __ (____) _____

Fax: __ (____) _____

Email: _____

Specialties (maximum of four):

<input type="checkbox"/> Administration (AD)	<input type="checkbox"/> Electronic Media (EL)	<input type="checkbox"/> Objects (OB)	<input type="checkbox"/> Private Practice (PP)
<input type="checkbox"/> Archaeology (AL)	<input type="checkbox"/> Ethnology (ET)	<input type="checkbox"/> Paintings (PA)	<input type="checkbox"/> Science (SCI)
<input type="checkbox"/> Architecture (AT)	<input type="checkbox"/> Metal (MT)	<input type="checkbox"/> Paper & Books (PBL)	<input type="checkbox"/> Sculpture (SC)
<input type="checkbox"/> Emerging Conservator (EM)	<input type="checkbox"/> Mixed Collections (CL)	<input type="checkbox"/> Photography (PH)	<input type="checkbox"/> Textiles (TX)
<input type="checkbox"/> Education (ED)	<input type="checkbox"/> Natural Sciences (NAT)	<input type="checkbox"/> Preventive Conservation (PC)	<input type="checkbox"/> Wood (WB)

Include my information in **print Directory**

Include my information in **online Directory**

Do not include my information in either **Directory**

I wish to receive the **Bulletin** in electronic format only

FEES BY MEMBERSHIP CATEGORY:

Regular (Individual) \$ 65

Student *(please send copy of current ID)* \$ 25

Institution \$ 130

Supporting member donation *(charitable donation in addition to the applicable membership fee; a tax receipt will be issued)* \$ _____

Postage to the U.S.A \$ 20

Postage overseas *(outside Canada and the U.S.A.)* \$ 30

Late fee *(for renewals after February 28, 2010)* \$ 10

TOTAL DUE **(payment must be in Canadian dollars)** **Cdn \$** _____

PAYMENT BY CHEQUE : please make cheque payable to **CAC/ACCR** and mail to 207 Bank Street, Suite 419, Ottawa, Ontario, K2P 2N2, Canada. **Cheque must be made in Canadian dollars and must be drawn on a Canadian bank.**

PAYMENT BY CREDIT CARD *(can be faxed to 613.231.4406)*

Please charge my Visa MasterCard In the amount of : \$ _____ (Canadian dollars)

Credit card number: _____ Expiry date: _____

Name of cardholder (please print): _____

Signature: _____ Date: _____