

Annual Membership (April 1, 2009 to March 31, 2010)

The form below can be used for membership in CAURA. Please attach the completed form and email to membership@caura-acaru.ca.

If you do not receive an acknowledgement of receipt of your membership application form within 10 days of submitting the form, please contact admin@caura-acaru.ca.

1. Personal Information

(The fields marked with an asterisk must be completed)

First Name:*

Last Name:*

Title:

Office:

Organization:

Address:*

City:*

Province:*

Postal Code:*

Telephone:*

Fax:

E-Mail:*

2. Membership

Membership Fee \$100 (GST Exempt)

**Membership Status: New
Renewal**

*******THIS IS YOUR INVOICE*******

Please print this form and submit it to your Finance Department for payment. Make cheque payable to CAURA, indicating the member's full name as "your reference" on the detailed portion of the payment.

**Forward payment to:
CAURA
600-350 Albert Street
Ottawa ON K1R 1B1**