

Membership Application Form

Name				
Street Address				
City, Province (State), Posta	al Code (Zip Cod	e)		
E-Mail Address				
Place of Employment (if app	olicable) or Institu	ition attending (if a	student)	
Please select (all amo	unts in Canadian de	ollars):		
• Regular Me	mber: One ye	ar (\$70) Two	o years (\$135)	Three years (\$200)
• Affiliate Mer			rt of a provincial o years (\$115)	art education association): Three years (\$170)
Retired Mer	nber: One y	ear (\$35) Two	o years (\$65)	Three years (\$95)
Student Mer	nber: One y	ear (\$35) Two	o years (\$65)	
US / International Mer	nber: One y	ear (\$80) Two	o years (\$155)	Three years (\$230)
Job Category (if applica	ble):			
Elementary	Secondar	y Post-Seco	ondary	Community
Consultant/Supervisor / Ministry Gallery Other:				
Membership is for 12 months and begins upon receipt. Membership fees may be tax deductible as a professional expense.				
The CSEA/SCÉA is a Cana programs by adding a tax-de official tax receipt will be e-r	eductible charital	ole donation to you	r membership	
Donation amount: \$25	\$50	\$100 Othe	r:	
If you would like to support a <u>office.csea@gmail.com</u> and			U	
Please mail to:				
CSEA/SCÉA National Office c/o University of Victoria, Fa Department of Curriculum a PO Box 1700, STN CSC Victoria, BC V8W 2Y2	culty of Education	n		