



AIC Membership Form

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Office Use Only:

ID #: _____
Date Receipt Mailed: _____
Deposit Date: _____
Cheque Log #: _____

Member Contact Information: (check one)

Title: Mr. Mrs. Ms. Dr. Other (specify) _____ Professional Designation (if any) _____

First Name _____ Last Name _____

Mailing Address _____

City/Town _____

Province/State _____ Country _____ Postal Code/Zip _____

(_____) (_____)
Telephone Fax Email

Membership categories:

I am joining AIC as

an Individual Member \$125 an Association Member \$1,000 a Corporate Member \$500

AIC Membership dues are payable annually, and due January 1. Your Individual Membership includes a complimentary subscription to one of the following on-line AIC Journals. Please select your journal choice: (choose one)

Canadian Journal of Animal Science Canadian Journal of Soil Science Canadian Journal of Plant Science

Information request:

I would like further information on ordering the AIC Journals

Membership agreement:

I support the mission of the AIC to have a positive impact on the agri-food sector.

Authorized Signature _____

Privacy Agreement:

AIC maintains a confidential membership list for the sole purpose of communicating with our members. We do not sell this information, but in keeping with our affinity agreement with BMO Bank of Montreal MasterCard®, your name, address and telephone information is provided to them. By providing your contact information, you are agreeing to receive information from AIC.

We respect your privacy.

- I do not wish to receive information from the BMO Bank of Montreal
 I do not wish to have my contact information listed in the AIC Membership Directory
 I do not wish to receive information from the AIC Foundation

Payment

Total Enclosed: \$ _____ Please include your payment with your form. Make payment payable to Agricultural Institute of Canada. I have included my payment by: cheque VISA MC

Card Number _____ Expiry Date: Month/Year _____

Name of Cardholder (please print) _____ Signature of Cardholder _____

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