

Student Membership Application



Office Use Only:

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

Full time students at Canadian universities and colleges are eligible to apply for complimentary membership in AIC. Membership must be renewed annually and certification of full time student status by an authorized departmental representative is required.

Please complete all sections. Personal information is requested to help us better understand the demographics of our members. Aggregated data may be made public but will not include any personal information that can be connected with any individual member. See our Privacy Policy below.

* indicates required information

Section 1: Contact Information

Salutation: Mr. Ms. Mrs. Dr. Other (specify) _____

First Name*

Last Name*

Department and University/College

Your Mailing Address*

City/Town*

Province/State*

Postal Code/Zip*

Telephone including area code*

Email*

Section 2: Demographic Information

Gender Male Female

Place of Birth: _____

Languages Spoken Fluently: _____

Major Areas of Study at University/College: _____

Anticipated Year of Graduation: _____

Section 3: AIC Volunteer Activities

Are you interested in assisting AIC with its activities: outreach (for example membership recruitment, promotion, networking, gender equality mainstreaming); fundraising; research; international; program work? If yes, please specify your area(s) of interest:

Section 4: Members Only Access

When your membership application is approved, you will be able to access the Members Only section of the AIC website, www.aic.ca, by creating a Username and Password. You will be notified when your application has been approved.

Section 5: Scientific Journals

If you wish to have a complimentary on-line subscription to one of AIC’s scientific journals, please select:

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

MEMBERSHIP AGREEMENT

Membership agreement:*

I support AIC’s mission to broaden society’s knowledge and use of science and agriculture.

Signature

Privacy Policy:

AIC maintains a confidential membership list for the purpose of communicating with our members. We do not sell this information. By providing your contact information, you are agreeing to receive information from AIC. Please read our complete Privacy Policy on our website at www.aic.ca/privacy.cfm

Certification by Department Head or Authorized Representative:

Name and Title: _____

Telephone*

Email*

I certify that the person named in this application is a registered full time student

Signature

Return to your application by regular mail, fax or e-mail (see bottom of reverse page)