



CSC Membership Application

“Committed to the ongoing development & delivery of quality education programs, publications & services for the betterment of the construction community.”

First Name: _____ Last Name: _____

Non-CSC Designations: _____ Title: _____

Company Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

Web Site: _____ Mail Preference: Mail E-Mail

- CSC Chapters (Check only one)** Atlantic Calgary Edmonton Grand Valley Hamilton/Niagara London Montréal
 Okanagan Valley Ottawa Québec Regina Saskatoon Toronto Vancouver Vancouver Island Winnipeg
 Member At Large Bridge (CSC’s virtual chapter for members over 100KM away from a chapter)

To review CSC’s Privacy Policy please visit www.csc-dcc.ca or see reverse of membership application.
IMPORTANT NOTICE – In accordance with the PERSONAL INFORMATION PROTECTION & ELECTRONIC DOCUMENTS ACT (PIPEDA), CSC requires that you check one of the following options.

I have reviewed the CSC Privacy Policy, and **I ACCEPT** its conditions.

I have reviewed the CSC Privacy Policy, and **I DO NOT ACCEPT** its conditions. If you choose this option, please be aware that you will not receive any correspondence from third parties such as Construction Canada magazine published by Kenilworth Publishing Inc. on behalf of CSC.

(Check One Only)

- | | | | | |
|-------------------------------------------------|---------------------------------------------------|-------------------------------------------------|------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Specification Writer | <input type="checkbox"/> Specification Consultant | <input type="checkbox"/> Architect | <input type="checkbox"/> Architect Technologist | |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Engineer Technologist | <input type="checkbox"/> Contract Administrator | <input type="checkbox"/> Manufacturer Representative | |
| <input type="checkbox"/> Product Representative | <input type="checkbox"/> Project Manager | <input type="checkbox"/> Landscape Design | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Student |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Trade Contractor | <input type="checkbox"/> Facility Management | <input type="checkbox"/> Supplier | <input type="checkbox"/> Other |

(Check One Only)

- | | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> FULL YEAR Application is made Jan. – Mar. = \$ 285.00 | <input type="checkbox"/> PART YEAR Application is made April – June = less 25% \$ 213.75* |
| <input type="checkbox"/> FULL YEAR Application is made Oct. – Dec. = \$ 285.00* | <input type="checkbox"/> PART YEAR Application is made July – September = less 50% \$ 142.50* |
| <input type="checkbox"/> (up to 15 months of membership for the price of 12) | <input type="checkbox"/> STUDENT Membership \$ 65.00 (see below for details and restrictions)** |
| <input type="checkbox"/> ASSOCIATE Membership - 50% of Membership Fee (see below for details and restrictions)*** | |

Membership Fee: \$ _____ HST / GST 106970973: \$ _____ QST:1212848561 TQ0001: \$ _____ Total: \$ _____

We do not invoice for Membership. Payment must be included with the completed application form. Memberships are non-transferrable.

* Discounts are for NEW members only. A new member is an individual who has not been a member of CSC within the past 5 years.
 ** STUDENT - Student member is an individual undergoing fulltime training in a school of architecture, engineering or technology for the period of training. The student must provide proof of fulltime enrolment.
 *** ASSOCIATE MEMBER - An individual with less than 2 years experience in any of the fields that would qualify him / her for membership into CSC, who is not or was not previously a member of CSC. Documentation of eligibility may be required.

PAYMENT METHOD: CHEQUE (enclosed) MASTERCARD VISA AMERICAN EXPRESS

Card Number: _____ Expiry: _____ Security Code: _____

Card Holders Name (PLEASE PRINT): _____ Card Holder Signature: _____

X _____ Date: _____

IMPORTANT ► Applicants Signature

(Sponsored by CSC Member, if any)

MVA -2024