

Membership Registration

Section A. Registrant Information				
Name of Registrant:				
Associated Organization or School (if applicable):				
Mailing Address:				
City:	Prov/State: Postal/Zip Code: Country:			
Email Address:				
Phone Number: ()				
Section B.	Membership Fees			
Organizationa	For companies, institutions or agencies. Organizational members are entitled to two representatives. Members have the option of listing the company's contact information and logo on our website (with a	\$300		
	direct link to your website) under the <i>Organizational Members</i> section at no extra charge. 1			
Individual	Individual Membership.	\$100		
Student	Students enrolled full-time at an institution of higher learning. Proof of Student status is required. Retired For individuals 65 years of age or older	\$50		
If you <u>do not</u> wish to receive World Aquaculture magazine check the box on the right and deduct \$10 from the membership fee.				
	Total Section B:	\$		
Section C.	Optional Publications			
Please indicate	the subscriptions you would like to receive at discounted prices:			
Aquaculture North America <i>Last</i>	6 issues/year, wall calendar, show guides, posters and special industry supplements Regularly \$36.00(CAD, plus tax) in Canada year: Yes Available to AAC members for only \$21 CAD!	\$21		
Hatchery Inter		\$20		
	Total Section C:	\$		
Section D. Donation to Student Endowment Fund				

Tax deductible donations to support scholarships for students enrolled in aquaculture programs and to provide travel bursaries to students presenting papers at Aquaculture Canada.

Total Section D: \$_____

Section E. Total Amount Due

Total Section B, C & D: \$_____

Payment Information				
Please choose one of the following payment options: Receive an invoice and submit payment through PayPal E-transfer to info@aquacultureassociation.ca Enter credit card info (below)				
Name on Card:	_ Card Type: Mastercard / Visa / AMEX / Other			
Card Number:	Exp date:/ Security #:			
Address (if different from above):				
City: Prov/State:	Postal/Zip Code: Country:			
Phone Number: () Signature:				
Please return form with payment to ensure the membership is processed properly. Membership fees are non-refundable.				