



Membership Renewal

Benefits of membership: Reduced registration fees at the Aquaculture Canada annual conferences, complimentary subscriptions to Aquaculture North America and Hatchery Magazine online (need your email for this). For organizations or companies, it also includes logos and links to your webpage on our website (www.aquacultureassociation.ca). Please follow us on [LinkedIn](#) for up to date industry, science and technology information.

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

- | | | | |
|-----------------------|---|-----------------|---|
| Organizational | 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 direct link to your website) under the <i>Organizational Members</i> section at no extra charge. | \$300.00 | <input type="checkbox"/> |
| | | | <i>Free Web Listing?</i> <input type="checkbox"/> |
| | Rep 1: _____ | | |
| | Email: _____ | | |
| | Rep 2: _____ | | |
| | Email: _____ | | |
| Individual | Individual Membership. | \$100.00 | <input type="checkbox"/> |
| Student | Students enrolled full-time at an institution of higher learning (proof of Student status is required) | \$50.00 | <input type="checkbox"/> |
| Senior/Retired | For individuals 65 years of age or older | \$50.00 | <input type="checkbox"/> |

Total Section B: \$ _____

Section C. Donation to Student Endowment Fund

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

Total Section C: \$ _____

Section D. Total Amount Due

Total Section B & C: \$ _____

Payment Information

Please choose one of the following payment options:

Receive an invoice and submit payment on your own

Enter credit card info (below)

Name on Card: _____

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.
Thank you!*