

MEMBER INFORMATION (Required)

Prefix: _____ First name: _____

Last name: _____ Institution: _____

WORK CONTACT INFORMATION (Optional)

Address: _____

Address (line 2): _____

City: _____

Province/State: _____

Postal Code/Zip: _____

Country: _____

Work Phone: _____

Fax: _____

Email: _____

Alternate Email: _____

HOME CONTACT INFORMATION (Required)

Address: _____

Address (line 2): _____

City: _____

Province/State: _____

Postal Code/Zip: _____

Country: _____

Home Phone: _____

Fax: _____

Email: _____

Alternate Email: _____

AREAS OF INTEREST/EXPERTISE

CAES wants to hear from you! As part of our ongoing efforts to serve our membership at the highest quality level, we are interested in knowing what areas are of the most interest to you, and your area(s) of expertise.

- | | |
|---|--|
| <input type="checkbox"/> Agricultural Finance and Management | <input type="checkbox"/> Industrial Organization |
| <input type="checkbox"/> Consumer, Demand and Price Analysis | <input type="checkbox"/> Institutional, Experimental & Behavioral Economics |
| <input type="checkbox"/> Econometrics and Statistical Methods | <input type="checkbox"/> Natural Resources, Water, & Environmental Economics |
| <input type="checkbox"/> Food & Agricultural Policy | <input type="checkbox"/> Rural and Community Development |
| <input type="checkbox"/> Food Safety, Health and Nutrition | <input type="checkbox"/> Teaching, Learning and Communication |
| <input type="checkbox"/> International Trade | <input type="checkbox"/> Other |

Other Area(s) of Interest: _____

AFFILIATION (Required)

- University / College Industry / Producer Group Business Government Other

MEMBERSHIP LEVEL (check one per section)

Select Membership Level (check one):

- Regular \$125
- Senior \$65
- Early Career Professional \$75

Graduation Date:

- Student \$30

Expected Graduation Date:

Be included in the CAES Membership Directory?

*Available to CAES Members in the
Members-Only section of the CAES website*

- Yes
- No

Select Preferred Address:

- Work mailing address
- Home mailing address

HOW MUCH?

\$ _____ **Membership Amount.** *This matches the membership level selected above.*

\$ _____ **Tax on Membership Amount.** *****Calculate the tax owed on membership amount as follows:**

GST of 5% for members residing in the provinces of BC, AB, MB, SK, QC, NWT, YK, NU
HST of 13% for members residing in the provinces of ON, NB, NL
HST of 14% for members residing in the province of PEI
HST of 15% for members residing in the province of NS

\$ _____ **Donation to Foundation Amount.** Tax receipts are issued for any donation of \$25 or more:

\$ _____ Student Travel Grants	\$ _____ Journal Awards
\$ _____ Educational Events	\$ _____ Undergraduate Book Prize
\$ _____ Thesis Awards	\$ _____ Any

\$ _____ TOTAL (add membership, tax and donation amounts given above to obtain total owed)

PAYMENT

- A cheque is enclosed. **Payable to CAES** (Canadian funds only, drawn on a Canadian bank)
- My credit card information is as follows (Visa and MasterCard only):

Type of Card: _____

Card Number: _____ Expiry Date _____