



Membership Application Form

Yes, I would like to: Join CASC Join the CASC Mailing List

Name: _____

Position: _____

School: _____

Postal Address: _____

Zip Code: _____

Email: _____

Phone: _____

Type of School?	<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Other
Grade Level?	<input type="checkbox"/> Elementary <input type="checkbox"/> K-8 <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Other
Do you currently have an active student council?	<input type="checkbox"/> YES - Less than 5 years old <input type="checkbox"/> YES – more than 5 years old <input type="checkbox"/> NO
Are you interested in volunteering to help plan CSAC activities and events?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unsure
How would you describe your current role?	<input type="checkbox"/> Paid Advisor <input type="checkbox"/> Adult Volunteer <input type="checkbox"/> Student

MEMBERSHIP CATEGORIES

- \$50.00 School Membership
- Individual Membership

PAYMENT METHODS

- Credit Card Card Holder Name: _____ Expiry Date: _____ Zip Code _____
Card Number: _____
- Check
- Purchase Order # _____

Please complete this form & return to: cmiller@casciac.org

RECEIPT / INVOICE – This document will become your **RECEIPT / INVOICE** when completed & payment is made in full so please keep a copy for your records. As a non-profit organisation with turnover below the GST threshold, GST does not apply.