

Member 2:

Name: Ms/Mrs/Mr/Sr/Fr/Br _____
(Circle one) Last Name First Name Cong. Initials

Position Title: _____

Address: _____
If different than #1 Street

_____ City Province Postal Code

Telephone: _____ Ext: _____

E-mail: _____

1. Do you wish to receive hard copies of CAG publications? **YES** **NO**
(Newsletter, directory, conference material, grant applications)

2. If you are not already subscribed, would you like to subscribe to the CAG listserv?
YES **NO**
(The CAG List-serv is an optional e-mail list which allows members to stay in touch easily throughout the year. All official CAG communications will be emailed to members directly and not distributed on the list-serv.)

Member 3:

Name: Ms/Mrs/Mr/Sr/Fr/Br _____
(Circle one) Last Name First Name Cong. Initials

Position Title: _____

Address: _____
If different than #1 Street

_____ City Province Postal Code

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