



**2018 Institutional Membership Renewal Notice**  
**\$100.00 – Up to 3 members**  
**Membership Fees due by January 31, 2018**  
**Please Print**

**Member 1:**

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

**Position Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Name of Archives / Institution**

\_\_\_\_\_ **Street**

\_\_\_\_\_ **City**

\_\_\_\_\_ **Province**

\_\_\_\_\_ **Postal Code**

**Telephone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**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.)*

**3.** Do you wish to publicize your Institution's contact information via the Canadian Catholic Historical Association? **YES**  **NO**

**4.** At our annual conference, photos may be taken that are subsequently published in our newsletter (available online/hardcopy). The CAG outreach committee can be contacted at any time to remove my images.

I consent that CAG may use photographs of me, from the annual conferences in the CAG newsletter and on the website. I understand that these images will not be used for any other purposes. **YES**  **NO**

**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:** \_\_\_\_\_

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

**6.** 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.)*

**7.** At our annual conference, photos may be taken that are subsequently published in our newsletter (available online/hardcopy). The CAG outreach committee can be contacted at any time to remove my images.

I consent that CAG may use photographs of me, from the annual conferences in the CAG newsletter and on the website. I understand that these images will not be used for any other purposes. **YES**  **NO**

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**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**

**Telephone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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

**9.** 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.)*

**10.** At our annual conference, photos may be taken that are subsequently published in our newsletter (available online/hardcopy). The CAG outreach committee can be contacted at any time to remove my images.

I consent that CAG may use photographs of me, from the annual conferences in the CAG newsletter and on the website. I understand that these images will not be used for any other purposes.                      **YES**                       **NO**

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Please complete and mail form with cheque payable to the “**Catholic Archivist Group**”  
to:

**Michelle Pariag, Archives**  
**Loretto Abbey, 101 Mason Blvd**  
**Toronto, ON M5M 3E2**