



MEMBERSHIP APPLICATION FORM

A. Biographical Information:

Name: _____

Position: _____

Organization: _____

E-mail Address: _____

Street Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Phone: _____ Ext.: _____

Fax: _____

B: For Which Membership Category Are You Applying?

Membership Category (*Check One*)

- 1. Graduate Student (\$50.00 + G.S.T.)
- 2. Individual (\$100.00 + G.S.T.)
- 3. Researcher/Practitioner (\$200.00 + G.S.T.)
- 4. Partner (\$500.00 + G.S.T.)

D: In Which Area of EvNet Do You Have an Interest?

** Please circle your selection(s) in the space provided along with an explanation for your selection.*

- 1. Current Research Project or Team (specify; refer to EvNet Web Site Projects, or Others Ongoing)
- 2. Networking
- 3. Dissemination
- 4. Stakeholding (seeking out new ventures)
- 5. Training
- 6. Product Development
- 7. Evaluation

YOUR SELECTION (Circle one or more)

1 2 3 4 5 6 7

Explanation(s):

E: What Activity, Product, or Cash Are You Proposing to Contribute That Would Add Value to EvNet?

Please use the following information to apply by mail or fax:

EvNet
McMaster University
KTH 214
1280 Main Street West
Hamilton, ON - L8S 4M4

* Cheques must be in Canadian funds and drawn on a Canadian bank account.

Fax: (905) 525-4198

Please fill out the following fields to apply by credit card:

Name on Card: _____

Type of Card: Visa: Mastercard:

Card Number: _____

Expiry: _____ / _____

Signature: _____

Thank you for applying to EvNet!

Please feel free to contact us if you have any questions or concerns.

EvNet
McMaster University
1280 Main Street West Hamilton, ON - L8S 4M4
Phone: (905) 525-9140 Ext. 24021
Fax: (905) 525-4198
Email: evnet@mcmaster.ca
Web: www.evnetcanada.org