



CANADIAN SOCIETY OF
CINEMATOGRAPHERS

131-3007 KINGSTON ROAD, TORONTO, ON, CANADA M1M 1P1 • TEL 416-266-0591 • FAX 416-266-3996 • admin@csc.ca • www.csc.ca

MEMBERSHIP APPLICATION

Name:		Email:	
Address:		Website:	
City:		Reel Link:	
Province/State:		VOIP:	
Postal/Zip Code:		Chat:	
Country:		Twitter:	
Home Phone:		WORKING STATUS	
Home Fax:			
Business Phone:			
Business Fax:			
Cell Phone:			
		Occupation Title:	
		Company/Affiliation:	

Please attach resume of professional experience or CV.

2 PROFESSIONAL REFERENCES (or current members of the CSC if applicable.)

This is a request for an upgrade.

	Phone:	
	Phone:	

APPLICATION CATEGORY	<input type="checkbox"/> AFFILIATE	<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> FULL
Initiation/Rejoin Fee	\$100.00 *	\$100.00	\$100.00
Annual Membership Fee	\$120.00	\$170.00	\$240.00
Review Fee for Full Membership Application	N/A	N/A	\$250.00 **
Accreditation Fee	N/A	N/A	(\$1,000.00)***
	\$220.00	\$270.00	\$590.00 new app

* Waived with copy of current student card. ** Covers any review for the next 2 years. *** If accepted by membership committee (less review fee if paid in last 2 years).

Please add the GST or HST that is applicable to your place of residence:
0% = NON RESIDENT / 5% GST = AB, BC, MB, SK, NT, NU, YT, PEI, QC / 13% HST = ON, NB, NL / 15% = NS

DATE: Cheque payable to the CSC Credit card via CSC website Credit card info below to be faxed or mailed only

SIGNATURE:

Card Number:

Expiration Date:

https://www.csc-secure.com/CSCpayments/Payments_MemberFees.htm

FOR COMMITTEE USE ONLY

Date : _____ Category: _____ Approval Date : _____

Membership Committee -Signature Membership Committee - Signature Membership Committee - Signature

Membership Committee - Signature Membership Committee Chair - Signature **Membership Number** _____