

PROFESSIONAL – IN – TRANSITION MEMBERSHIP APPLICATION

MEMBER INFORMATION

Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Cell Phone:	E-mail:

APPLICATION WILL BE SPONSORED BY:

- Current CSUR Main Member Contact **OR**
- Current CSUR Director **OR**
- Letter of Reference from Latest Employer **OR**
- Endorsement by a CSUR Officer

SPONSOR'S CONTACT INFORMATION

Name:	
Title:	Company:
Phone:	E-mail:

ANNUAL MEMBERSHIP FEES

MEMBERSHIP CATEGORY: PROFESSIONAL-IN-TRANSITION	Fee: \$ 99.00 + GST + 3.25% (credit card fee if applicable)	Please Note: <ul style="list-style-type: none"> • Professional-In-Transition Membership is a one-time payment. • This membership will expire December 31, 2020. • If this member secures employment (full-time or contract of 6 month or greater), the membership is terminated without any reimbursement of dues. • This member can serve as an advisor or committee volunteer. <i>GST and, if applicable, + 3.25% Credit Card Processing Fee on Membership Fee before GST.</i>
<i>I WAS EMPLOYED REGULARLY IN ENERGY INDUSTRY WITHIN THE LAST 2 YEARS</i>	YES	
	NO	

PAYMENT OPTIONS

Credit Card Option	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS
Name on the Card:			
Card Number:		Expiry Date: ____/____/____	
CVV 3 digit (back of the card):			
Dollar amount to charged (fee plus GST + applicable 3.25% for credit card option): CDN \$ 107.33			
Signature:			
<input type="checkbox"/> PAYMENT ENCLOSED (CHEQUE)		<input type="checkbox"/> PLEASE INVOICE ME	

SMALL PRINT

- This membership begins at the time of CSUR confirmation of sponsorship and continues to December 31, 2020.
- There are no voting rights associated with this membership category.
- This category is not allowed to serve as a director or officer of the society.
- Completion of this form constitutes permission to list your name on our online member list.

SIGNATURE

<input type="checkbox"/> Signed and agreed upon. I authorize the verification of my information as provided on this form and billing to my credit card if indicated. In addition, I authorized CSUR to contact me via the email address also provided on this form.	
Authorized Representative Name (PRINT):	
Signature:	Date: