



Membership Renewal Form

Please renew my membership in Youth Science Canada as follows:

- \$50.00 – Adult
- \$25.00 – Student (Full-time secondary/post secondary)

Additional Donation: \$ _____

Membership runs for the calendar year and expires one year from the date you join.

Salutation: _____ (Mr., Ms., Dr., Prof., etc.)

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Home: _____ Work: _____

Email: _____

Please make cheque payable to **Youth Science Canada** and mail to:

Youth Science Canada
PO Box 297
Pickering, ON L1V 2R4

