



# Canadian Society of Otolaryngology-Head & Neck Surgery

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## 2021 Membership

**Payment Due: March 15, 2021**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov. / Postal Code: \_\_\_\_\_

| ✓  | Categories                             | Fee              |
|--|--|------------------|
|  | <b>Active (Canada &amp; US)</b>        | <b>\$475</b>     |
|  | <b>Active (First Year in Practice)</b> | <b>\$355</b>     |
|  | <b>Overseas</b>                        | <b>\$380</b>     |
|  | <b>Resident-in-training or Fellow</b>  | <b>No charge</b> |
|  | <b>Emeritus</b>                        | <b>No Charge</b> |
| Price includes applicable taxes. HST/GST#106866965 |  |                  |

\* The above address is a **business address** and can be displayed in the "Find an Otolaryngologist" section on the CSOHNS website for use by the general public.  YES  NO



### Canadian Otolaryngology Head & Neck Surgery Fund

Please consider a contribution to the Fund.

I wish to make a donation in the amount of:  \$50  \$75  \$100  Other: \_\_\_\_\_

Premium Levels:  PLATINUM (\$1,000 and over)  GOLD (\$750 and over)  SILVER (\$500 and over)  BRONZE (\$250 and over)

Please allocate my donation towards:  OHNS Outreach  Fellowship Grants  General Gift

A tax receipt will be issued for donations of \$25 or more. **Thank-you for your support!** COHNS Fund Charitable number **0927673-11**

### PAYMENT METHODS

Cheque  Online: [www.entcanada.org](http://www.entcanada.org) (most credit cards, via *PayPal*)  Mail, Fax or Phone: **(VISA or MC)**

Make cheques payable to: **Canadian Society of Otolaryngology-Head & Neck Surgery** and return along with a copy of this invoice to the Society office. Credit Card payments can be **mailed, faxed or phoned** to the CSO office. Mailing address is on this invoice. FAX: 519-846-9529 • PHONE: 800-655-9533 • For security reasons, it is best NOT TO EMAIL credit card payment information.

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**PAYMENT TOTAL: \$** \_\_\_\_\_

**Changes?** Fill out and return or send an email to: [cs01.hns@sympatico.ca](mailto:cs01.hns@sympatico.ca)

New Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Email: \_\_\_\_\_

**FOR YOUR RECORDS:** Photocopy this sheet as record of payment. Contact the office at [cs01.hns@sympatico.ca](mailto:cs01.hns@sympatico.ca) if you require an official receipt.