



Canadian Society of Otolaryngology-Head & Neck Surgery

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2022 Membership

Payment Due: March 15, 2022

Name: _____

Address: _____

City /Prov: _____

Postal Code: _____

✓	Categories	Fee
	Active (Canada & US)	\$475
	Active (First Year in Practice)	\$355
	Overseas	\$380
	Resident-in-training or Fellow	No charge
	Emeritus	No Charge
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

PAYMENT METHODS

Cheque

Online: 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.

Visa or Mastercard Number: _____ Expiration Date: ____/____

Name of Cardholder: _____ Authorized Signature: _____



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: OHNS Outreach Fellowship Grants General Gift Dr. Elena O'Connell Memorial Fund

A tax receipt will be issued for donations of \$25 or more. **Thank-you for your support!** COHNS Fund Charitable number: **888581261 RR 0001**

PAYMENT TOTAL: \$ _____

Changes? Fill out and return or send an email to: cso1.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 cso1.hns@sympatico.ca if you require an official receipt.