



## Canadian Society of Otolaryngology-Head & Neck Surgery

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

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

City/Prov: \_\_\_\_\_

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# 2023 Membership

MEMBERSHIP CATEGORIES		FEE
<input type="radio"/> Active Member (Canada & US)		\$475.00
<input type="radio"/> Active Member (first year in practice)		\$355.00
<input type="radio"/> Overseas / Affiliate Member		\$380.00
<input type="radio"/> Resident-in-training or Fellow (Please circle)	Termination date of Fellowship:	No Charge
<input type="radio"/> Emeritus Member		No Charge

Price includes applicable taxes. HST/GST#106866965



## 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 ☐ WIO (Women-in-Otolaryngology)

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 METHODS

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

Make cheques payable to: **Canadian Society of Otolaryngology-Head & Neck Surgery** and return along with a copy of this invoice to the Society office. Address on this invoice. **Credit card** payments can be **mailed, faxed, or phoned** to the CSO Office.

**FAX: 519-846-9529 PHONE: 800-655-9533** For security reasons, it's best not to email credit card payment information.

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

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

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

**Changes in the past year?** Fill out and return or send an email to: [entcanada2@csohns.org](mailto:entcanada2@csohns.org)

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

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

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

**FOR YOUR RECORDS:** Photocopy this sheet as a record of your payment. Payments made online will be receipted by PayPal.  
Contact the office at [entcanada2@csohns.org](mailto:entcanada2@csohns.org) if you require an official CSO receipt.