

Membership 2024

CSOHNS

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Name: _____

Address: _____

City/Prov: _____

Postal: _____

Email: _____

Membership Categories	Total
<input type="checkbox"/> Active Member (Canada & U.S.)	\$550.00
<input type="checkbox"/> Active Member (first year in practice)	\$430.00
<input type="checkbox"/> Overseas / Affiliate Member	\$455.00
<input type="checkbox"/> Resident-in-training or Fellow (Please circle) Fellowship completion date: _____	No Charge
<input type="checkbox"/> Emeritus Member	No Charge

Price includes applicable taxes. HST/GST#106866965

Thank you for renewing your membership!



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)

Donate online [HERE](#). A tax receipt will be issued for donations of \$25 or more. **Thank you for your support!**

COHNS Fund Charitable number: 888581261RR0001

Payment Methods and Instructions

VISA or MasterCard (Mail, Phone, Fax) CHEQUE ONLINE: www.entcanada.org (most credit cards, via *PayPal*)
 e-TRANSFER **Interac** e-Transfer through your online banking institute. Return a copy of this invoice to the office indicating this method of payment. Issue payment to: entcanada2@csohns.org. **Important:** In the message section include your name and indicate that payment is for 2024 membership. The CSO is registered for auto-deposit. No question/answer required. **Cheques:** Make payable to: Canadian Society of Otolaryngology-Head & Neck Surgery and return along with a copy of this invoice to the office. **Credit card** payments can be made **online, mailed, phoned or faxed** to the office. **NEW PHONE:** Coming Soon / **FAX:** 519-846-9529

Credit Card Number: _____ Expiration Date: _____/_____/_____

Name of Cardholder: _____ Authorized Signature: _____

PAYMENT TOTAL: \$ _____

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