



## Membership Renewal Form

Please write in CAPITAL LETTERS (En Majuscules S.V.P.)

First Name with Initial (Prénom) \_\_\_\_\_

Surname (Nom de famille) \_\_\_\_\_

Business Address including Postal/Zip Code \_\_\_\_\_

\_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_

Business E-mail \_\_\_\_\_ Residential E-mail \_\_\_\_\_

Residential Address including Postal/Zip Code \_\_\_\_\_

\_\_\_\_\_

Residential Telephone: \_\_\_\_\_ Residential Fax: \_\_\_\_\_

Which address would you prefer for CCM correspondence? Business \_\_\_\_\_ Residential \_\_\_\_\_

Any of above information has been changed since your last renewal? Yes \_\_\_\_\_ No \_\_\_\_\_

FEES: Active Members: [ ] \$110.00

Retired/Emeritus [ ] \$25.00

Send this completed form to the CCM Treasurer: [min-kuang.lee@bccdc.ca](mailto:min-kuang.lee@bccdc.ca)

Use PayPal / Credit Card to renew CCM membership

Or, send this form with cheque or money order only to:

Min-Kuang Lee  
BC Centre for Disease Control (ZEP)  
Room 3040, 655 W 12<sup>th</sup> Ave  
Vancouver, BC, Canada V5Z 4R4

Thank you ~ *Merci*