

Contact Information

Name:	Country:
Street Address:	Home Phone:
City, Province, State:	Cell (mobile) Phone:
Postal Code, Zip Code:	E-mail:

Affiliation

Institution:
<input type="checkbox"/> Faculty <input type="checkbox"/> External Affiliation to the Centre <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate <input type="checkbox"/> Other _____
Department and Faculty:
Website:

Area of Expertise

Tell us in which area and theme you have expertise in: (up to 3 areas)

Agreement and Signature

By submitting this application, I agree to commit myself to participation in the life of the Centre, its research and activities. CRS reserves the right to terminate affiliation if any representations, false statements, or behaviours inconsistent with CRS's mandate and operations.

Signature _____ Date _____

YES, PLEASE LIST MY NAME ON CRS ONLINE AFFILIATES PROFILES.

YES, PLEASE SUBSCRIBE ME TO THE CRS LISTERV (CRSNEWS) WHERE I WILL RECEIVE NOTIFICATION OF NEWS AND UPCOMING EVENTS.