

Catholic Archivist Group

Renewal Notice for 2010 Annual Membership (January – December)

Name:

Ms/Mrs/Mr/Sr/Fr/Br _____
(circle one) Last Name First Name Cong. Initials

Position Title: _____

Address: _____

Name of Archives / Institution

Street

City

Province

Postal Code

Telephone: _____ **Fax:** _____

Email: (print): _____

Website: (print): _____

To ensure the Membership Directory is properly maintained, please send any changes to your contact information to the Secretary at: secretary@catholicarchivist.ca as soon as they occur.

Individual Membership: \$50.00

Institutional Membership: \$100.00

(Up to three persons - Please indicate names/titles of additional members)

2. _____

3. _____

Please complete and mail form with cheque payable to:

Catholic Archivist Group

c/o Treasurer

426 St. Germain Avenue

Toronto, ON M5M 1W7

2010 Membership Fees due by January 31, 2010