

Canadian Evangelical Theological Association



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Application for Membership

Name: _____

Mailing Address: _____

_____ **Postal Code** _____

Contact Phone: _____

Email: _____

Affiliated Organization: _____

Please check off one of the following:

Regular Membership (\$25/year)

Institutional Membership (\$25/year)

Student Membership (\$15/year)

School: _____

Member of any of the following organizations? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Canadian Philosophical Association (CPA) | <input type="checkbox"/> Canadian Society for the Study of Religion (CSSR) |
| <input type="checkbox"/> Canadian Society of Biblical Studies (CSBS) | <input type="checkbox"/> Canadian Theological Society (CTS) |
| <input type="checkbox"/> Canadian Society of Patristic Studies (CSPS) | <input type="checkbox"/> Canadian Society of Church History (CSCH) |
| <input type="checkbox"/> Société québécoise pour l'étude de la religion (SQÉR) | |
| <input type="checkbox"/> Other _____ | |