



Canadian Institute for Conflict Resolution  
Institut canadien pour la résolution des conflits

## Membership Form

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **PC:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Language preference**       **English**       **French**

**Membership Type**       **New**       **Renew**

Member \$25, 00

Associate member \$10, 00

YES, I want to contribute an additional donation to the Canadian Institute for Conflict Resolution and the training they provide towards establishing conflict-resolving communities. Enclosed is my donation of: \_\_\_\_\_.

My cheque, payable to the **Canadian Institute for Conflict Resolution**, is enclosed.

please charge my VISA.       please charge my MasterCard.

**Number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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