

ACTIVE MEMBER STATUS

APPLICATION FORM

The present form is for new applicants only.

Please, complete this form and return it, with your **subscription**, to the ACPQ's administrative address: ACPQ, P.O. Box 1111, Station B, Montreal, Qc, H3B 3K9.

I, the undersigned, having been accredited and recognized as a *professional researcher*, wish to become an **active member** ** of ACPQ.

Applicant:

Dr: *Surname: _____ *First Name: _____

*I have been an *associate member* of ACPQ since: ____ / _____ (mm /yyyy)

*University affiliation (name of institution): _____

*Payment of your subscription:

Payment by cheque (made payable to "ACPQ"): _____ Send invoice: Yes _____ NO _____

Address for invoice: _____

* Required fields: information necessary for processing your application.

In order to receive **active member status, the *associate member* is required to pay the full membership fee.

***[Policy of confidentiality and protection of this information](#)