

# Membership 2024

## CSOHNS

255 Minnesota Street, Collingwood, ON L9Y 3S4  
Phone: 705-606-6723 ♦ Website: [www.entcanada.org](http://www.entcanada.org)



Name :  
Address :  
City, Prov :  
Postal Code :

Membership Categories	2024 Fees
<input type="checkbox"/> Active Member (Canada & U.S.)	\$550.00
<input type="checkbox"/> Active Member (first year in practice)	\$430.00
<input type="checkbox"/> Overseas / Affiliate Member	\$455.00
<input type="checkbox"/> Resident-in-training or Fellow (Please circle) Termination of Fellowship:	No Charge
<input type="checkbox"/> Emeritus Member	No Charge

Price includes applicable taxes. HST/GST#106866965

Thank you for renewing your membership!



### Canadian Otolaryngology Head & Neck Surgery Fund

Please consider a contribution to the Fund.

I wish to make a donation in the amount of:  \$50  \$75  \$100  Other: \_\_\_\_\_

Premium Levels:  PLATINUM (\$1,000 and over)  GOLD (\$750 and over)  SILVER (\$500 and over)  BRONZE (\$250 and over)

Please allocate my donation:  OHNS Outreach  Fellowship Grants  General Gift  WIO (Women-in-Otolaryngology)

**Donate online [HERE](#).** A tax receipt will be issued for donations of \$25 or more. **Thank-you for your support!**

COHNS Fund Charitable number: 888581261RR0001

### Payment Methods and Instructions

VISA or MasterCard (Mail, Phone or online)  CHEQUE  ONLINE: [www.entcanada.org](http://www.entcanada.org) (most credit cards, via *PayPal*)  
 e-TRANSFER **Interac e-Transfer:** through your online banking institute. Return a copy of this invoice to the office indicating this method of payment. Issue payment to: [membership@csohns.org](mailto:membership@csohns.org). **Important:** In the message section include your name and indicate that payment is for 2024 membership. The CSO is registered for auto-deposit. No question/answer required. **Cheques:** Make payable to: Canadian Society of Otolaryngology-Head & Neck Surgery and return along with a copy of this invoice to the office. **Credit card** payments can be made **online, mailed, or phoned** to the office. **NEW PHONE:** 705-606-6723

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Name of Cardholder: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**PAYMENT TOTAL: \$** \_\_\_\_\_

**FOR YOUR RECORDS:** Photocopy this sheet as a record of your payment. Payments made online will be receipted by PayPal. Contact the office at [membership@csohns.org](mailto:membership@csohns.org) if you require an official CSO receipt.

CSOHNS: 255 Minnesota St., COLLINGWOOD, ON L9Y 3S4  
Tel: 705-606-6723 Email: [membership@csohns.org](mailto:membership@csohns.org) Website: [www.entcanada.org](http://www.entcanada.org)