

Membership 2025

CSOHNS

255 Minnesota St. Collingwood, ON L9Y 3S4
Phone: 705-606-6723 ♦ Fax: 705-999-0808
Website: www.csohns.org



Name: _____

Address: _____

City, Prov: _____

Postal Code: _____

Email: _____

Membership Categories	2025 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!

Payment Method and Instructions

ONLINE: www.csohns.org (most credit cards, via *PayPal*)

VISA or MasterCard (Phone, Fax)

Credit card payments can be completed **online, phoned or faxed** to the office. **PHONE:** 705-606-6723 / **FAX:** 705-999-0808

If you prefer a cheque payment: Make payable to: **Canadian Society of Otolaryngology-Head & Neck Surgery** and return along with a copy of this invoice to the office.

Credit Card Number: _____ Expiration Date: _____ / _____ 3-digit CVV: _____

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 directly. Contact the office at membership@csohns.org if you require an official CSO receipt.