



SHEVCHENKO SCIENTIFIC SOCIETY OF CANADA
НАУКОВЕ ТОВАРИСТВО ІМ. ШЕВЧЕНКА В КАНАДІ

516 The Kingsway, Toronto, ON M9A 3W6 Canada

APPLICATION FOR MEMBERSHIP

Name _____

Surname

First Name

In Ukrainian

Address _____

Tel. _____ Fax _____ e-mail _____

Date of Birth _____ Place of Birth _____

Education (highest degree obtained) _____

Name of university/college and year of graduation

Profession _____

Position (including present position) _____

Name and address of employer _____

Sponsors (Society members): 1. _____

2. _____

I enclose my CV and a list of my publications.

I apply herewith to the Executive of the Shevchenko Scientific Society of Canada for acceptance to the Society as an associate member. I am aware that the objectives of the Society are the advancement of scholarship in general, and of Ukrainian studies in particular. I pledge to support the objectives of the Society.

Date _____

(Signature of applicant)

Disposition by the Board of Directors

Accepted as an associate member, on: _____ Secretary _____

Signed on behalf of the Board, on: _____ Members _____