

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

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APPLICATION FOR MEMBERSHIP

Name & surname		in Ukrainian
Address		
Tel	Cell	e-maile
Date of Birth	Place of Birth	
Education (highest degree obta	nined)	
Name of university/college and	d year of graduation	
Profession		
Name and address of employer	r	
	ne objectives of the Soc ur. I agree to support the	Scientific Society of Canada for acceptance to the Society as a iety are the advancement of scholarship in general, and of e objectives of the Society. of applicant
Sponsors (Society members):		
	sponding/member, section	the Board of Directors on:
Date:Signed on behalf of the Board by:		