



CULINARY HISTORIANS
OF CANADA
les
HISTORIENS CULINAIRE
DU CANADA

*Inspiring an appreciation of Canadian food history
Inspirer une appréciation de l'histoire canadienne de l'alimentation*

MEMBERSHIP APPLICATION FORM

Name _____

Address _____ City/Town _____

Province _____ Postal Code _____ Phone(home) _____ Phone(cell) _____

Email _____

SOCIAL MEDIA TAGS _____

Yes! Please begin my CHC membership. Membership is linked to CHC's fiscal year of September to August.

One-Year regular @ \$30.00 One-Year Supporting @ \$55.00

Two-Year Regular @ \$55.00 Two-Year Supporting @ \$75.00

Please select type of membership: Individual Household Institution

Household Membership: Provides one subscription to the newsletter and one vote at the Annual General Meeting and other Meetings of the Culinary Historians of Canada, and entitles two individuals living at the same address entrance to events at the members' rate.

Institutional Membership: Provides one subscription to the newsletter and one vote at the Annual General Meeting and other Meetings of the Culinary Historians of Canada, and entitles two staff (paid or volunteer) of the member institution entrance to events at the members' rate.

PAYMENT OPTIONS – PayPal via website. Cheque or money order payable to: Culinary Historians of Canada, 260 Adelaide St. E, PO Box 149, Toronto, ON M5A 1N1

TERMS & CONDITIONS –

1. From time to time, CHC publishes a Members Directory for networking purposes. Names and contact information may be published in our Directory and made available to fellow Culinary Historians and our associated organizations. The Directory will not be sold to third parties for commercial purposes. Yes, please add me to the directory.
2. We communicate via email with members. Occasional newflashes and membership notes, as well as the monthly e-newsletter, Digestible Bits and Bites, are emailed to members.

Please describe your food ways interests and/or expertise: _____



CULINARY HISTORIANS OF CANADA

CONTACT US... membership@culinaryhistorians.ca

FOR OFFICE USE ONLY

Date Received _____ Date Confirmed _____ Membership Expires _____