



EDUCATIONAL QUEST SOCIETY OF CANADA

# MEMBER REGISTRATION FORM

<b>NAME(E):</b>		<b>NAME(C):</b>		<b>GENDER:</b> ( ) M ( ) F	
<b>LANGUAGE:</b> ENGLISH ( ) MANDARIN ( ) CANTONESE ( ) OTHER ( )		<b>HOME ADDRESS:</b>			
<b>E-MAIL</b>		<b>HOME OR WORK PHONE</b>		<b>CELL PHONE</b>	
<b>EDUCATION</b>					
SCHOOL		DEGREE / CERTIFICATE		MAJOR/MINOR	
<b>PROFESSIONAL EXPERIENCE</b>					
ORGANIZATION		POST		RESPONSIBILITY	
<b>WHAT KIND OF RESEARCH / ACTIVITY ARE YOU INTERESTED IN THE SOCIETY?</b>					
<b>TIME AVAILABLE</b>				<b>TOTAL HOURS AVAILABLE PER MONTH</b>	
WEEK DAY (SPECIFY):					
WEEKEND (SPECIFY) :					

