



2020 Membership Application Form

Name: _____

CSA Number: _____

Address: _____

(Please complete your personal information below)

Telephone Number: _____

Email: _____

Postal Code: _____

D/O/B: _____

Day/Month/Year

Are you a Sealer?

If Yes: Commercial - Please check seal license status below:

Professional Assistant Temporary

Sealing Area of Residence: _____ (This area number can be found on your Seal License)

Personal Use

Membership Rates

Please note: You **do not** have to be a Sealer to be a member in the Canadian Sealers Association. The completed application must be returned with a cheque or money order in the amount of \$25.00 payable to CSA.

Canadian Sealers Association (CSA)
P.O. Box 8005
St. John's, NL A1B 3M7

You will be mailed your membership card once we have processed your payment.
Please note that membership fees are non-refundable.

Signature of Applicant: _____

Date: _____

Thank you for your continued support of the Canadian Sealers Association

Office Use Only:

Cheque Money Order Cash Paypal

Paid _____ Receipt # _____

Rec. By _____ Date _____