



2025 Membership Application Form

Name: _____

Address: _____

Postal Code: _____

CSA Number:

(Please complete your personal information below)

Telephone Number: _____

Email: _____

D/O/B: _____

Month/Day/Year

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 _____