



Membership Application

1 PERSONAL INFORMATION Dr. / Mr. / Mrs. / Miss / Ms.

Please print

Surname _____ First Name _____

Firm/company name _____

Firm/company address _____

City _____ Province _____ Postal Code _____ Country _____

Tel (Direct line: YES / NO) _____ Fax _____

E-mail _____

3 MEMBERSHIP CATEGORIES

You may apply for one of these categories of membership if you meet the corresponding requirements.

- AFFILIATE** If you meet the basic requirements in Section 2, you are eligible for this category. If you feel another category would be more appropriate, please select from below.
- ACADEMIC** Be engaged full-time as a faculty member of a university or college in any one of the provinces or territories of Canada.
- STUDENT** (CHECK ONLY ONE)
 Enrolled as a full-time student in a University in any one of the provinces or territories of Canada; or
 Student-at-law in good standing with the regulations of the Bar with any province or territory of Canada or with the Chamber of Notaries of the Province of Quebec.
- ASSOCIATE** (PERSONS IN THIS CATEGORY OF MEMBERSHIP ARE ELIGIBLE TO VOTE AT IPIC GENERAL MEETINGS)
 You are a Canadian resident and have 2 years or more experience in IP practice, either as a (check all that apply):
 lawyer
 registered patent agent
 registered trade-mark agent
 patent or trade-mark agent trainee (18 months under supervision of a registered agent name of supervisor _____)

Please briefly explain how you satisfy the category (other than Affiliate) requirements:

4 FEES FOR 2012

Please enclose payment (**cheques only**) for the amount indicated. GST/HST #R122871148

MEMBERSHIP CLASS	ANNUAL FEE	Add 5% GST
Associate or Affiliate	\$ 346.00	(AB, SK, MB, QC, PEI, YT, NT, NU) \$ _____
Academic	\$ 161.00	OR 12% HST for BC \$ _____
Student	\$ 50.00	OR 13% HST for ON, NB, NL \$ _____
		OR 15% HST for NS \$ _____

2 BASIC REQUIREMENTS

I am 18 years of age and have a genuine interest in the objectives of the Institute. If admitted, I undertake to adhere to the By-Laws* and Code of Ethics* of the Institute as amended from time to time.

Signature _____

Date _____

*IPIC By-Laws and Code of Ethics are available at www.ipic.ca or from the IPIC office.

ALL APPLICATIONS ARE SUBJECT TO REVIEW AND APPROVAL BY IPIC COUNCIL.

5 I do not want my name listed in the:

- public section of the website
 Bulletin
 member directory in the member section of the website

6 PAYMENT AND INFO

Please return this application with your cheque to:
Intellectual Property Institute of Canada
 606-60 Queen Street
 Ottawa, ON K1P 5Y7 Canada
 Tel.: (613) 234-0516 Fax: (613) 234-0671
 E-mail: admin@ipic.ca

Je désire recevoir ma correspondance en français.