



# 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 2009

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

MEMBERSHIP CLASS	ANNUAL FEE	GST	CHEQUE AMT (CDN \$)
Associate or Affiliate	\$ 332.00	16.60	<b>\$ 348.60</b>
Academic	\$ 155.00	7.75	<b>\$ 162.75</b>
Student	\$ 50.00	2.50	<b>\$ 52.50</b>

## 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](http://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 any IPIC publications.
- Je désire recevoir ma correspondance en français.

## 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](mailto:admin@ipic.ca)