



The Canadian Society for Immunology

Application for Transfer from Full (Elected) to Emeritus Membership

(this form must be submitted with your online registration)

Please print clearly or type.

I hereby request that CSI change my membership status from that of a Full Member in good standing of the Canadian Society for Immunology to an Emeritus Member of the Society. I hereby confirm I am fully retired from professional employment in the area of immunology or a related field, on the date of this application, and have been a Full CSI member for the most recent five years.

Date of Application

Date of Birth

Name (please print)

Date of Retirement

Street Address

City

Province

Postal Code

E-Mail Address

Phone Number

Signature