

## MEMBERSHIP RENEWAL JANUARY 1 TO DECEMBER 31, 2024

Please complete this form and forward it with your cheque or money order, payable to MENSA CANADA SOCIETY, or credit card number to: Mensa Canada Society, PO Box 1570, Kingston ON K7L 5C8.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

	Individual	Student*	Family
One year	<input type="checkbox"/> \$75	<input type="checkbox"/> \$50	<input type="checkbox"/> \$95
Two years	<input type="checkbox"/> \$135	<input type="checkbox"/> \$95	<input type="checkbox"/> \$175

\* Full-time student as of December 31 of the previous membership year

**Please note: above fees cover your membership until the end of the current calendar year unless you choose the 2year option.** All memberships include an annual subscription to mc<sup>2</sup>, the Mensa magazine.

**mc<sup>2</sup> Magazine:**  I wish to receive mc<sup>2</sup> in electronic form only

### PAYMENT

Membership Renewal: \$ \_\_\_\_\_

General Donation: \$ \_\_\_\_\_

Julie Richards/Wendy Marsh Memorial Fund Donation: \$ \_\_\_\_\_

Donation to Mensa Canada Scholarship Program:<sup>†</sup> \$ \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

<sup>†</sup>You will receive a receipt for tax purposes

**Credit Card Payments:**  Visa  MasterCard

Card #: \_\_\_\_\_ Expiry date: \_\_\_\_\_ V-Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Membership Directory: If you wish to be excluded entirely, or wish to have only certain fields excluded, you must notify the office of the Mensa Canada Society in writing.

I agree that data will be used in accordance with the Mensa Canada privacy policy and understand that opting out of having personal data published on internal Mensa lists may require reduction of available member benefits.

Signature: \_\_\_\_\_