

2011 ISAAC-CANADA MEMBERSHIP FORM

for the period January 1st - December 31, 2011

Please complete all sections:

Name: _____

Affiliation: _____

Mailing Address: [] Business [] Home
Street & Number _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Telephone including Area Code: _____ E-mail: _____

Fax including Area Code: _____ Web site: _____

Competency in languages other than English: _____

Figuratively Speaking is sent by e-mail. To ensure we have your correct email address, send an email to Mona at mona.zaccak@isaac-online.org. Check this box if you need to receive Figuratively Speaking by regular mail. Thank you!

- A. Type of Membership** (includes membership in ISAAC) Membership fees are tax deductible.
- | | | | |
|-------------------------------------|--------|------------|-------------------|
| Professional | [] \$ | 80. CDN | |
| People who use AAC & their families | [] \$ | 30. CDN | |
| Student (Full-time) * | [] \$ | 40. CDN | |
| Institutional** | [] \$ | 375. CDN | |
| Corporate | [] \$ | 1,350. CDN | |
| Retired Members*** | [] \$ | 55. CDN | Enter A: \$ _____ |
- B. Official Journal: *Augmentative and Alternative Communication (AAC) 4 issues/year***
- | | | |
|--|----------------|--|
| Special rate for Corporate & Institutional Members | [] \$293. CDN | |
| Special rate for all ISAAC members | [] \$ 98. CDN | |
| Special rate for PWU AAC/Student/Retired | [] \$ 59. CDN | |
- Includes online access and no additional charge for AIRMAIL delivery** Enter B: \$ _____
- C. Affiliated Publication: AGOSCI In Focus** (formerly AGOSCI News)
Published in English biannually in Australia – June and December
- | | | |
|--------------------|---------------|-------------------|
| Special ISAAC rate | [] \$37. CDN | Enter C: \$ _____ |
|--------------------|---------------|-------------------|
- D. Affiliated Publication: Communication Matters**
Published in English in the UK three times per year January/February; May/June and September.
- | | | |
|--------------------|---------------|-------------------|
| Special ISAAC rate | [] \$57. CDN | Enter D: \$ _____ |
|--------------------|---------------|-------------------|
- E. Affiliated Publication: ISAAC Israel Journal**
Published, annually in the spring, in Hebrew with English abstracts.
- | | | |
|-------------------|---------------|-------------------|
| AIR MAIL delivery | [] \$33. CDN | Enter E: \$ _____ |
|-------------------|---------------|-------------------|
- F1. Affiliated Publication: Unterstutzte Kommunikation**
Published in German by ISAAC-GSC four times per year, February, July & October/November.
- | | | | |
|--------------------|-----------------|----|--------------------|
| Special ISAAC rate | [] \$30.00 CDN | or | Enter F1: \$ _____ |
|--------------------|-----------------|----|--------------------|
- F2. AIR MAIL delivery** [] \$63.00 CDN Enter F2: \$ _____
- Donations: "I wish to make a contribution to support":**
- | | | |
|--|---|--------------------|
| G1. People who use AAC & their families | [] \$25. [] \$50. [] \$100. [] Other \$ _____ | Enter G1: \$ _____ |
| (sponsor an individual to attend ISAAC Conference) | | |
| G2. People from Emerging Countries | [] \$25. [] \$50. [] \$100. [] Other \$ _____ | Enter G2: \$ _____ |
| (sponsor an individual to attend ISAAC Conference) | | |
| G3. ISAAC Sponsored Membership Program | [] \$28. [] Other \$ _____ | Enter G3: \$ _____ |
| G4. Other Donation to: _____ | [] \$25. [] \$50. [] \$100. [] Other \$ _____ | Enter G4: \$ _____ |
| G5. Sponsor a Canadian who uses AAC | | |
| (Complete mailing information on a separate sheet) | [] \$30. [] Other \$ _____ | Enter G5: \$ _____ |
- TOTAL AMOUNT (for items A through G5)** Enclosed: \$ _____

Please make your cheque payable to: **ISAAC-CANADA****Mail to: ISAAC, 49 The Donway West, Suite 308, Toronto, ON M3C 3M9, Canada**The ISAAC Membership Directory is published annually. Please indicate if you **do not** wish your name and information included. []

Check here if you are interested in serving ISAAC as a committee member. []

Check here if you require a receipt for payment of membership/subscriptions. []

*For **Student Membership**, please complete only item #1 **OR** item #2:

[] 1. "I confirm that the above named is a full-time registered student at

_____ (Name of University/Institution)."

(Signature of Professor)_____
(Date)

[] 2. "I confirm that I am a full-time registered student and have enclosed a copy of my University/Institution registration Confirmation."

** **Institutional membership** is for non-profit groups such as schools, assistive technology centres, service delivery centres and academic programs in related fields.*** **Retired membership** is for individuals interested in AAC who are no longer working.

07/11/10

Profession/Role

The 2011 ISAAC Membership Directory will be issued to all members internationally in July 2011. It is imperative that your membership enrolment be received by **March 31ST, 2011** for your name to be included in the Directory.

In order for our Directory to be most effective, please indicate below the category (or categories) which best describes your profession or association/role in the field of Augmentative and Alternative Communication. You may use the codes below to record your choices on the front of this membership form. **Please do not use more than three (3) categories.**

CATEGORY	CODE
<input type="checkbox"/> Administrator	ADM
<input type="checkbox"/> Augmentative Communication Specialist	ACS
<input type="checkbox"/> Author	AUT
<input type="checkbox"/> Computer Scientist	COM
<input type="checkbox"/> Consultant	CST
<input type="checkbox"/> Counsellor	COU
<input type="checkbox"/> Doctor, Medical	DOC
<input type="checkbox"/> Engineer	ENG
<input type="checkbox"/> Family member/Care Giver	FCG
<input type="checkbox"/> Geneticist	GEN
<input type="checkbox"/> Linguist	LIN
<input type="checkbox"/> Manufacturer	MAN
<input type="checkbox"/> Occupational Therapist	OTR
<input type="checkbox"/> Person who use AAC or Family members	AAC
<input type="checkbox"/> Physical Therapist	PHT
<input type="checkbox"/> Professor	PRO
<input type="checkbox"/> Psychologist	PSY
<input type="checkbox"/> Rehabilitation Specialist	RSP
<input type="checkbox"/> Research	RES
<input type="checkbox"/> Retired	RET
<input type="checkbox"/> Social Worker	SWK
<input type="checkbox"/> Special Education School	SCH
<input type="checkbox"/> Special Educator	SED
<input type="checkbox"/> Speech/Language Pathologist/Therapist	SLP
<input type="checkbox"/> Student	STU
<input type="checkbox"/> Vendor	VEN
<input type="checkbox"/> Other Profession not listed	

CREDIT CARD PAYMENT

If you wish to pay by VISA credit card (only), please complete the following information:

Credit Card Number: _____ Expiry Date: _____

Name on Credit Card: _____ Signature: _____

(please print name of card holder)