

ORDER FORM

Name: _____
 Organization: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: _____ Fax: _____

Please sign me up for membership with the CICH: \$35 Individual \$85 Group/org.
 Donation \$ _____

Method of Payment (check one only) - NO C.O.D.
 Charge to my: Visa MasterCard
 Card Number: _____ Exp. Date: _____
 Signature: _____
 Payment Enclosed: \$ _____

English or French	Title #	Quantity	Unit Price	Shipping and Handling	Total Price

Prices are subject to change without notice	Subtotal
GST registration # 10686 1586 RR0001	10% Membership Discount
	Taxes* (please see instructions)
	PST @ 8% (for videos & DVDs in Ontario only)
	Donation
	Total Enclosed

* Please apply GST or HST depending on province of residence. For orders to AB, BC, MB, NT, NU, SK, ON, PE, QC, and YT apply 5% GST. For orders to NB, NL, and NS please apply 13% HST.

To obtain your discount, please indicate your membership #