

Membership Form

By completing this form you will become a registered member of the Canadian Institute of Leadership and Development. Registered membership will allow you to enjoy the many opportunities and experiences of your chapter. If you prefer to fax or mail the membership form, please use the [pdf version](#).

Member Information

Fields marked with * are required.

* Last Name	* First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Student ID Number	* Date of Birth (YY/MM/DD)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

* Education :Please indicate highest qualification attained (BSC, MSC, PhD).

* Street Address

* City	* Province	* Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Phone	* Email
<input type="text"/>	<input type="text"/>

Interests

- | | |
|---|---|
| <input type="checkbox"/> Board Positions and Leadership | <input type="checkbox"/> Continuing Education/Enrichment Activities |
| <input type="checkbox"/> Social/Professional Networking | <input type="checkbox"/> Mentorship/Student Involvement |
| <input type="checkbox"/> Other | |

*ATTACH A RECENT RESUME