



**APPLICATION FOR/RENEWAL OF MEMBERSHIP IN THE
CANADIAN GROUP OF THE INTERNATIONAL ASSOCIATION
FOR THE PROTECTION OF INTELLECTUAL PROPERTY
(AIPPI)**

I am interested in the international aspects of the protection of intellectual property and wish to apply for or renew my membership in the Canadian Group of AIPPI for 2019 in one of the following categories:

- Private Practice Membership (\$300.00)
- Non-Private Practice (Corporate/Government/Academic) Membership* (\$150.00)
- Junior Membership** (\$150.00)

* Corporate/Government/Academic Membership fee is payable by each individual member of a corporation or other business entity that is not engaged in the practice of law or IP agency work, any employee of a government agency or department, or a full-time academic.

** Junior Membership fee applies to individual members who are under the age of 35 for the duration of the calendar year to which the fee applies.

Surname Given names

Organization (Firm/Corporation/Government) Title (if any)

Address

Telephone number

Email address

I am providing my annual membership fee for the 2019 calendar year by way of cheque or email money transfer. I understand that my membership must be accepted by the Canadian Group Council, and if not accepted, the fee will be returned to me.

I am particularly interested in applying to join, or remain as a member of, the following Committee(s) of the Canadian Group (check as many as you wish):

- | | |
|---|--|
| <input type="checkbox"/> Patents | <input type="checkbox"/> Governance |
| <input type="checkbox"/> Trade-marks | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Copyright and Industrial Designs | <input type="checkbox"/> Program (AGM, Lunch 'n Learn, Seminars) |
| <input type="checkbox"/> Litigation | |

I am willing to be considered in the future to serve as a AIPPI Canada Committee Chair

My present intention is to attend the annual Congress in London in September 2019

In accordance with the requirements of the international organization, I am checking below my applicable field(s) of endeavour in IP:

- | | |
|---|--|
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Academia | <input type="checkbox"/> Government, Public Sector |
| <input type="checkbox"/> Web Presence | <input type="checkbox"/> Student |
| <input type="checkbox"/> Judiciary | <input type="checkbox"/> Patent and Trademark Office |
| <input type="checkbox"/> Other | |

I hereby provide my consent to receive electronic communications from AIPPI Canada.

Signature: _____ Date: _____

Please scan and send this form by email and send the membership fee by email money transfer to info@aippicanada.org. Alternatively, the fee may be mailed by cheque (in the name of "AIPPI Canada") and/or the form may be sent via mail to:

Fraser Rowand
Secretary - AIPPI Canada
c/o Rowand LLP
401 Bay Street, Suite 2302
PO Box 56
Toronto, ON M5H 2Y4

Tel: 417-479-8647
Email: frowand@rowandlaw.com