



**CANADIAN THERMAL ANALYSIS SOCIETY**  
**AN AFFILIATE OF THE NORTH AMERICAN THERMAL ANALYSIS SOCIETY**

www.ctas.org

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## MEMBERSHIP FORM

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*Name:*

*Title:*

*Organization:*

*Address:*

*City/Province:*

*Postal Code:*

*Tel:*

*Fax:*

*Email (required):*

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Demographics: Please tell us about yourself so we may better serve you.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Industrial Lab  | <input type="checkbox"/> Academic Lab             | <input type="checkbox"/> Government Lab      |
| <input type="checkbox"/> Private Lab     | <input type="checkbox"/> Instrument Sals/Services | <input type="checkbox"/> Process Development |
| <input type="checkbox"/> Mfg. Production | <input type="checkbox"/> Quality Control          | <input type="checkbox"/> Other               |

*Years of thermal analysis experience:*

*Education:*

*Equipment in your Lab:*

- |                              |                                  |                                      |                              |                                |
|------------------------------|----------------------------------|--------------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> DEA | <input type="checkbox"/> TGA-MS  | <input type="checkbox"/> MDSC or DSC | <input type="checkbox"/> TGA | <input type="checkbox"/> TMA   |
| <input type="checkbox"/> DTA | <input type="checkbox"/> DTA-TGA | <input type="checkbox"/> TGA-FTIR    | <input type="checkbox"/> DMA | <input type="checkbox"/> Other |

*Are you a member of NATAS?*

*Are you a member of ICTAC?*

► **Please complete and return with \$10 cheque payable to “Canadian Thermal Analysis Society” to:**

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