



CANADIAN MILL SERVICES ASSOCIATION

#200, 601-6th Street, New Westminster, BC V3L 3C1

Contact: *Ingrid Shen* / Phone: (604) 523-1288 / Fax: (604) 523-1289 / E-Mail: shen@canserve.org

Timber Class

TIMBER GRADING CLASS -- REGISTRATION FORM 2021

1 Location of Classes:

Class Code _____

Surrey : Pacific Community Church - 5337 - 180th Street, Surrey, BC, V3S 4K5

Last Name: _____ First Name, Initial: _____

Street Address: _____

2 City, Province: _____ E-mail: _____

Postal Code: _____ **⌘ Registrations without Postal Codes cannot be processed!**

Home Phone Number: _____ Cell Phone Number: _____ **⌘⌘ Please print very clearly! ⌘⌘**

3 Company Name & Division: _____ Company Code: _____

Work Address: _____

Position: _____ Work Phone Number: _____

Work Contact: _____ Work Fax Number: _____

3 Previous Attempt at any grading classes: Yes No

Grading Class History: **(please circle appropriate ticket held)** All Species AA A B <70% Where: _____
 Western Red Cedar AA A B <70% Where: _____
 S-P-F AA A B <70% Where: _____
 Custom AA A B <70% Where: _____

Tuition and Books: Please note that all prices include GST (CMSA G.S.T. Registration #R899149389)

Tuition Fees

Member Fee

\$300.00

Non-Member Fee

\$425.00

CO SPMM

CO SPNM



Shaded Areas for CMSA Admin/Instructors only!

Payment Method (please check (✓) in one box)

Cash (C)

Personal Cheque (K) Cheque # _____

Company Cheque (P) Cheque # _____

Visa/Master Card (C)

If pay by Credit card, please fill in the info below:

Payment Credit Card Info:

Card Number: _____

Invoice Company:

Name on Card: _____

Purchase Order Number: _____

Expire date: _____

**Please make cheques payable to:
Canadian Mill Services Association**

Note: There will be a 20\$ charge for all NSF Cheques

Total Due for Tuition : _____

For Office Use Only

Checked and Approved by: _____



CANADIAN MILL SERVICES ASSOCIATION

#200, 601-6th Street, New Westminster, BC V3L 3C1

Contact: **Ingrid Shen** / Phone: **(604) 523-1288** / Fax: **(604) 523-1289** / E-Mail: **shen@canserve.org**

FAX COVER SHEET REGISTRATION FOR GRADING CLASSES

To: Ingrid Shen, Office Administrator **Fax Number:** (604) 523-1289

From: _____ **Date:** _____

Company: _____

Division: _____

Re: Registration Forms for Grading Classes

Please find attached registration forms for employees participating in upcoming grading classes

To ensure you have received all forms we inform you that we are faxing:



_____ registrations

please write in the number of registration forms you are faxing

For invoicing purposes we are providing CMSA with the following contact or PO #:



Purchase Order Number _____

please write in a PO # or contact name

If we have not provided an invoice (or contact name) in the above statement please be advised that our company will not be responsible for payment for these classes. Please obtain payment directly from student.

If you have any questions with regard to the attached registration forms please call

Name _____

Phone Number _____ E-mail Address: _____

Signature: _____