



CANADIAN MILL SERVICES ASSOCIATION

#280, 500-6th Avenue, New Westminster, BC V3L 1V3

Contact: Emily Kao / Phone: (604) 523-1288 / Fax: (604) 523-1289 / E-Mail: kao@canserve.org

W. R. CEDAR

WRC GRADING CLASS -- REGISTRATION FORM 2025

Location of Classes: _____ Class Code _____

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

Last Name: _____ First Name, Initial _____

Street Address: _____

City, Province: _____ E-mail Add.: _____

Postal Code: _____ ⚠ Registrations without Postal Codes cannot be processed!!

Home Phone Number: _____ Cell Phone Number: _____

Company Name & Division: _____

Work Address: _____

Position _____ Work Phone Number: _____

Work Contact: _____ Work Fax Number: _____

Previous Attempt at any grading classes: Yes No (ie CMSA/PLIB/NFPA/ILMA etc)

Table with 4 columns: Grading Class History, Coast Species, AA, A, B, <70%, Where:

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

Tuition Fees

Table with 3 columns: Fee Name, Amount, Code

Shaded Areas for CMSA Admin/Instructors only!

Payment Method (please check (v) one)
Personal Cheque (K)
Company Cheque (P)
Visa/Master Card (C)

Books Purchased

Table with 4 columns: Book Name, Price, Code, Blank

Invoice Company:
Purchase Order Number:

Please make cheques payable to: Canadian Mill Services Association

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

If pay by Credit Card, please provide the following: Card Number:

Name on Card:

Expire Date: Security code:

Total Due for Tuition and Books _____

Checked and Approved by: _____

FOR OFFICE USE ONLY



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Contact: *Emily Kao* / Phone: (604) 523-1288 / Fax: (604) 523-1289 / E-Mail: kao@canserve.org

FAX COVER SHEET REGISTRATION FOR GRADING CLASSES

To: Emily Kao, Office Manager Fax Number: **(604) 523-1289**

From: _____

Company: _____ Division _____

Date: _____

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 Add.: _____