



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*

W. R. CEDAR

WRC GRADING CLASS -- REGISTRATION FORM 2022

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: _____ Company Code _____

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)

Grading Class History:	Coast Species	AA	A	B	<70%	Where: _____
(please circle appropriate ticket held)	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	\$900.00	_____	CO CEMM
Non-Member Fee	\$1,100.00	_____	CO CENM
Challenge Fee	\$450.00	_____	CO CECG

Books Purchased

*Full Set WRC	\$117.00	_____	MN BKCE
*NLGA Rule Book	\$14.00	_____	MN NLGA
R-List Export Rule	\$14.00	_____	MN RLIST
*CLGM	\$14.00	_____	MN CLGM
*Grader's Notebook	\$35.00	_____	MN NOTE
*Reference File	\$35.00	_____	MN REFR
*Knot Gauge	\$5.00	_____	MN KNOT
Past Year Exams	n/c	_____	MN EXAB

Total Due for Tuition and Books _____

Checked and Approved by: _____

Shaded Areas for CMSA Admin/Instructors only!

Payment Method (please check (v) one)

Cash

Personal Cheque (K) Cheque # _____

Company Cheque (P) Cheque # _____

Visa (C)

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: _____

FOR OFFICE USE ONLY



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FAX COVER SHEET REGISTRATION FOR GRADING CLASSES

To: Ingrid Shen, Office Administrator 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.: _____