

**CANADIAN ASSOCIATION FOR ASTROLOGICAL EDUCATION
SPRING 2014 EXAMINATION
APPLICATION FORM**

(Please Print Clearly)

Name: _____
(First Name) (Last Name)

Address: _____
Street Address & Unit Number

Town/City Province Postal Code

Telephone number: _____ Email address: _____

Registration Fee - Please check an exam/exam price:

Note for the Non-members: You have an option to select the CAAE Member price, if you send your membership application and payment together with the exam application/payment.

	CAAE Member price			
Math (3 hours)	\$45			
Level 1 (3 hours)	\$45			
Level 2 (take home, open book)	\$60			
Level 3 (take home, open book)	\$60			

Please check one:

- Cheque enclosed
- Money order enclosed

I understand that the Math and Level 1 examinations will take place on Saturday, May 24th, 2014. Exact location to be announced.

Signature: _____ Date: _____

Applications should be submitted to:

**The Registrar - CAAE
226 Cromwell Avenue
Oshawa, ON L1J 4T8**

Cheques should be made payable to: **C A A E** or **Canadian Association for Astrological Education**

Candidates should present themselves at least 15 minutes before the scheduled starting time.

Acknowledgement of your application and a candidate number will be emailed to you prior to the examinations. Deadline for registering is ***May 10, 2014***

For office use
