

**CANADIAN ASSOCIATION FOR ASTROLOGICAL EDUCATION
SPRING 2008 EXAMINATION**

APPLICATION FORM

Please Print Clearly

Name: _____
(First Name) (Last Name)

Address: _____
Street Address & Unit Number

Town/City Province Postal Code

Telephone number: () _____ - _____ CAAE Membership #: _____
(If applicable)

E-mail address: _____

Registration Fee: \$40 - Math Cheque enclosed Money order enclosed
\$40 - Level I (Please check one)
\$55 - Level II
\$55 - Level III

I understand that the examination will take place on Saturday May 3rd, 2008. Exact locations to be announced.

I wish to write the Math (P.M.) Level I (A.M.) Level II (All day) Level III (All day) examination
lasting for 2-3 hours 2-3 hours 4-6 hours 4-6 hours

Signature: _____ Date: _____

Applications should be submitted to:

**The Registrar
C A A E
P O Box # 23013, Castle Wood
550 Eglinton Avenue West, Toronto
Ontario M5N 3A8**

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 mailed to you prior to the examinations.
Deadline for registering is **April 21, 2008**

FOR OFFICIAL PURPOSES ONLY

Date application received:

Reference number:

Fee received: