

APPLICATION FORM TO BECOME A CMOS ENDORSED WEATHERCASTER

PART 1

Television Radio Radio and Television

Name of Applicant (to appear on certificate):

Name of Present Employer:

Office Address:

Postal Code:

Office Telephone:

Fax:

e-mail:

Home Address:

Postal Code:

Home Telephone:

Fax:

e-mail:

Time slots of Broadcasts

Length of Appearance Air Times

List Software and Hardware available

EDUCATION:

University - College - Degree: Department/Specialization:

Year completed:

Other Relevant Course Qualifications: (List)

a) Institution - Course - Hours - Credits

b) Institution - Course - Hours - Credits

c) Institution - Course - Hours - Credits

d) Other

Previous Employer(s)

a)

b)

Other Relevant Professional Employment:

Membership in Relevant Associations (list names and dates joined)

PART II

Memory sticks or video links are to be provided for the use of the reviewers from the CMOS Endorsement Committee

Please provide details of your recordings, give details regarding the dates made, names of stations, time slots, air times, names of any other persons on the recording, etc.

Declaration of witness

I certify that the statements made by the applicant, the contents of the recordings provided and the attachments to the application form, are true and complete.

Name:

Signature:

Date:

Completed forms and cheque are to be sent to:

Executive Director
Canadian Meteorological and Oceanographic Society
P.O. Box 3211
Station D
Ottawa, ON, K1P 6H7
Canada
Telephone / Téléphone: 613-402-4376
Email / Courriel: exec-dir@cmos.ca

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