



Membership Application Form

Core Membership:

Associate Membership:

Date : _____

Company Name

Address

City, Province P.Code

Website Address

Nature of Business

Contacts

Name	Name
Title	Title
Phone	Phone
Fax	Fax
Email	Email

Name	Name
Title	Title
Phone	Phone
Fax	Fax
Email	Email

Note: The Annual Membership Fee, \$1,000 for Core Members and \$300 for Associate Members will be invoiced when Membership Application is received.