

Partner Membership (Non-Licensed) Additional Designate Form

Instructions

- 1. Complete all sections of the form below in full
- 2. Include this form with your "Application for Partner Membership" form
- 3. Return the form via email to <u>deanna@cmbaontario.ca</u> or mail to: 7-40 Winges Road | Woodbridge, ON | L4L 6B2
- 4. If paying by cheque, please send to the address above

	Work/Company Information
Company*	

Newsletter Sign Up

O I hereby consent on behalf of the designates indicated herein for CMBA Ontario to send them periodic updates via email

Declaration

O PARTNER MEMBERSHIP (Additional Designate) I hereby apply on behalf of the designates indicated herein to be a PARTNER MEMBER of CMBA Ontario as defined by the Association's by-laws.

Additional Designate Information						
Additional Designate #1						
First Name*		Last Name*				
Occupation	Please specify:					
E-Mail*		Preferred Phone Number*				
Home Street Address		Home Street Address 2				
City		Province	Postal Code			



Independent Mortgage Brokers Association o.a. Canadian Mortgage Brokers Assoication 7-40 Winges Road, Woodbridge, ON L4L 6B2

416.252.4622 | Fax: 416.981.8729 | info@cmbaontario.ca | cmbaontario.ca

Design	ate #2				
First Name*	Last Name*				
Occupation Please specify:					
E-Mail*	Preferred Phone Number*				
Home Street Address	Home Street Address 2				
City	Province Postal Code				
Design	ate #3				
First Name*	Last Name*				
Occupation Please specify:					
E-Mail*	Preferred Phone Number*				
Home Street Address	Home Street Address 2				
City	Province Postal Code				
Terms & Con	ditions				
 I understand and agree that the business contact information I have provided may be displayed on CMBA's website. I have read and agree to abide by CMBA's professional standards of practice and by-laws, regulations and policies. These documents are available on CMBA Ontario's website at cmbaontario.ca/governance/ I acknowledge that by submitting this form I am giving CMBA consent to use the information supplied for membership and other purposes in keeping with CMBA's Privacy Policy. By submitting this form I am agreeing to provide CMBA consent to collect and use the information supplied for all such purposes, including but not limited to providing information to CMBA affinity program partners, government institutions, CMBA National and others. CMBA uses the information to communicate with members, providing goods and services to members, or any other lawful activity. The entire Privacy Policy may be viewed on CMBA's website: Website Privacy Policy cmbaontario.ca/website-privacy-policy/ General Privacy Policy cmbaontario.ca/privacy-policy/ I hereby authorize CMBA to make all inquiries necessary to verify the accuracy of statements made herein. I understand that the CMBA Ontario Board of Directors reserves the right to deny membership or renewal and should my application be denied, I will receive a refund of my application fee. 					
Applicant Signature on behalf of designates	Date				



Payment Information						
Annual CMBA Ontario membership fee for Additional Designate is: \$175.00 + \$22.75 (HST) = \$197.75 EACH						
PLEASE CHECK ONE: OCheque Enclosed (Payable to CMBA Ontario) OVISA OMasterCard OAMEX	(
Credit Card No.						
Expiry Date (mm/yy) Security Code (on back of card)						
Name on Card						
Signature I authorize the costs to be charged to my credit card						
Email Address: (for receipt)	_					