



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 deanna@cmbaontario.ca or mail to: 7-40 Wings Road | Woodbridge, ON | L4L 6B2
4. If paying by cheque, please send to the address above

Work/Company Information

Company*

Newsletter Sign Up

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

Declaration

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



Designate #2

Form fields for Designate #2: First Name*, Last Name*, Occupation, E-Mail*, Preferred Phone Number*, Home Street Address, Home Street Address 2, City, Province, Postal Code

Designate #3

Form fields for Designate #3: First Name*, Last Name*, Occupation, E-Mail*, Preferred Phone Number*, Home Street Address, Home Street Address 2, City, Province, Postal Code

Terms & Conditions

- 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.
I acknowledge that by submitting this form I am giving CMBA consent to use the information supplied for membership and other purposes...

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: Cheque Enclosed (Payable to CMBA Ontario) VISA MasterCard AMEX

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) _____