



Partner Membership Form (Non-Licensed Organizations of 3 or More)

Instructions

- 1. Complete all sections of the form below in full
2. Return the form via email to office@cmbaontario.ca or mail to: 7-40 Wings Road | Woodbridge, ON | L4L 6B2
3. If paying by cheque, please send to the address above

Work/Company Information

Form fields for Work/Company Information including Company*, Company Street Address, City, Province, Postal Code, Phone, and Fax.

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 (Organization) 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.

Designate Information

Designate #1

Form fields for Designate #1 including First Name*, Last Name*, Occupation, E-Mail*, Preferred Phone Number*, Home Street Address, and City/Province/Postal Code.



Designate #2

First Name* _____ Last Name* _____

Occupation Please specify: _____

E-Mail* _____ Preferred Phone Number* _____

Home Street Address _____ Home Street Address 2 _____

City _____ Province _____ Postal Code _____

Designate #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 & 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. 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 is: \$525.00 + \$68.25 (HST) = \$593.25 for 3 memberships (\$175+HST for each additional designate. Please attach 'Additional Designate Form' for 4+ designates)

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)
