



## 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 [Office@cmbaontario.ca](mailto:Office@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

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/](http://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/](http://cmbaontario.ca/website-privacy-policy/) General Privacy Policy | [cmbaontario.ca/privacy-policy/](http://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:**  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) \_\_\_\_\_