



Application for Individual Partner Membership (Non-Licensed)

Instructions

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

Declaration

PARTNER MEMBERSHIP I hereby apply to be a PARTNER MEMBER of CMBA Ontario as defined by the Association's by-laws.

Newsletter Sign Up

I hereby consent for CMBA Ontario to send them periodic updates via email

Personal Information

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

Work/Company Information

Form fields for Work/Company Information: Company*, Company Street Address, Company Street Address 2, City, Province, Postal Code, Phone, Fax



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 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 _____

Date _____

Payment Information

Annual CMBA Ontario Individual Partner membership fee: \$225.00 + \$29.25 (HST) = \$254.25

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) _____