



Application for Partner Membership- (Large Organization- 11 employees 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.
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 is: \$525.00 + \$68.25 (HST) = \$593.25 for 3 memberships
(\$175+HST for each additional designate)**

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) _____