

## Affiliate Membership Application 2023/24

Personal Information	Business Information
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> First Name: _____	Company Name: _____
Middle Initial: _____ Last Name: _____	Address: _____
Date of Birth: ____/____/____ (MM/DD/YYYY)	City/Town: _____ Province: _____
Address: _____	Postal Code: _____ Country: _____
City/Town: _____ Province: _____	Tel: _____ - _____ - _____ Fax: _____ - _____ - _____
Postal Code: _____ Country: _____	Email: _____ Shipping: H <input type="checkbox"/> B <input type="checkbox"/>
Tel: _____ - _____ - _____ Email: _____	Industry: _____ Position: _____
Education: High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Other <input type="checkbox"/>	Responsibility: Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/>
How did you hear about us? _____	Preferred Language: _____ Years in Credit: _____

Type of Membership		Fee	
Affiliate Membership	<input checked="" type="checkbox"/>	\$250	
Chapter Membership <i>(please select the chapter membership closest to you)</i>	Selection	Fee	
Atlantic	<input type="checkbox"/>	\$70	
British Columbia	<input type="checkbox"/>	\$136.50	
Calgary	<input type="checkbox"/>	\$65.00	
Conestoga	<input type="checkbox"/>	\$216.60	
Edmonton	<input type="checkbox"/>	\$65	
Hamilton	<input type="checkbox"/>	\$250	
Manitoba	<input type="checkbox"/>	\$35	
Quebec	<input type="checkbox"/>	\$190	
Saskatchewan	<input type="checkbox"/>	\$35	
South Western Ontario	<input type="checkbox"/>	\$50	
South Western Ontario - including Dinner meetings	<input type="checkbox"/>	\$200	
Toronto	<input type="checkbox"/>	\$94	
		Subtotal	

GST/HST: AB BC NT NU MB QC SK YT: 5% | ON: 13% | PE NL NB NS: 15% | No tax for international applicants

Tax

Only bank draft or credit card payment is accepted for international applicants

Total \_\_\_\_\_

### Payment Method

Visa  Visa Debit  MasterCard  Cheque  Money Order / Bank Draft  Payable to Credit Institute of Canada

Name on card: \_\_\_\_\_ Card number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_ MM/YY Signature: \_\_\_\_\_ Total: \_\_\_\_\_

#### Privacy Policy

The Credit Institute of Canada collects personal information from our members, students, potential members and potential students for the purpose of registration, admission, income tax receipts, scholarships and awards, student and member communication, membership roster, planning, and qualification of educational and membership requirements and accomplishments. Personal information may be shared with other members, Credit Institute of Canada Chapters, service providers and any other parties as required by law. Your personal information will not be released to any other party unless the law permits or your permission is granted. The Credit Institute of Canada values the privacy of its members and customers.

I consent to receive messages about Credit Institute of Canada programs, professional services, newsletters, updates, promotions, invitations and events.

I have had a chance to read and understand the Refund Policy, Privacy Policy and deadlines as stated in the Program of Professional Studies and Services, and online at [www.creditinstitute.org](http://www.creditinstitute.org). I certify that the information I provide is true and correct. If accepted, I agree to comply with the Credit Institute of Canada By-Laws and Code of Professional Ethics.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_