

# Canadian Network MEMBERSHIP APPLICATION FORM

Membership Year - April 1<sup>st</sup> - March 31<sup>st</sup>



SELECT MEMBERSHIP TYPE	ANNUAL FEE	FEE OWING
<input type="checkbox"/> Corporate / Association	\$1,450.00	\$
<input type="checkbox"/> Individual	\$200.00	\$
<input type="checkbox"/> Full-Time Student (University & College)	\$45.00	\$

**CONTACT INFORMATION (IF INDIVIDUAL OR STUDENT)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company (School if student): \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**CONTACT INFORMATION (CORPORATE/ASSOCIATION)**

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Contact:

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Additional Names:

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

6. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

7. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

8. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

9. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

10. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

<b>MEMBERSHIP TOTAL FEES</b>	Subtotal	\$
	5% GST – Alberta, Saskatchewan, Manitoba, Quebec, BC and the Territories <input type="checkbox"/>	
	12% HST – PEI <input type="checkbox"/>	
	13% HST – Ontario, Newfoundland, New Brunswick <input type="checkbox"/>	\$
15% HST – Nova Scotia <input type="checkbox"/>		
<b>TOTAL</b>	<b>\$</b>	

**Payment:**  Cheque or money order enclosed payable to: Canadian Brownfields Network  
 Please charge my credit card

Card Number: \_\_\_\_\_ CVV \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Print Name on Credit Card: \_\_\_\_\_

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

Please mail your membership application form with cheque to: **Canadian Brownfields Network**  
**2800 14th Avenue, Suite 210, Markham, ON L3R 0E4**  
 Payment by credit card may be faxed to: **416.491.1670**

**QUESTIONS?** Please contact CBN Operations Manager, Diane Gaunt at: **Tel: 416.491.2886 Fax: 416.491.1670 Email: info@canadianbrownfieldsnetwork.ca**