

# Canadian Brownfields 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"/> Executive                                | \$5,000.00 |           |
| <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 (IF EXECUTIVE OR 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, PEI and the Territories <input type="checkbox"/> |    |
|                              | 12% HST – British Columbia <input type="checkbox"/>                                                |    |
|                              | 13% HST – Ontario, Newfoundland, New Brunswick <input type="checkbox"/>                            | \$ |
|                              | HST #844393256 RT0001 15% HST – Nova Scotia <input type="checkbox"/>                               | \$ |
|                              | <b>TOTAL</b>                                                                                       | \$ |

**Payment:** ☐ Cheque or money order enclosed payable to: Canadian Brownfields Network

☐ Please charge my credit card



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

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

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

Please mail your membership application form with cheque to: **Canadian Brownfields Network**  
**2175 Sheppard Avenue East, Suite 310, Toronto, Ontario M2J 1W8**  
 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**