Canadian Brownfields Network MEMBERSHIP APPLICATION FORM



Membership Year - April 1st - March 31st

SELECT MEMBERSHIP TYPE			ANNUAL FEE	FEE OWING
<u>. </u>				TEL OWING
☐ Executive			\$5,000.00	
☐ Corporate / Association			\$1,450.00	
☐ Individual	: 0 C II)		\$200.00	
☐ Full-Time Student (Univer	sity & College)		\$45.00	
CONTACT INFORMATION (IF INDIVIDUAL OR STUDENT)				
Name:		Title:		
Company (School if student):	A			
City:	Province:		Post	al Code:
Telephone: ()	Fax: ()		Email:	
·				
CONTACT INFORMATION (IF	EXECUTIVE OR CORPORATE/ASSOC	IATION)		
Company:		Address: _		
City:	P	Province:	Pos	tal Code:
Primary Contact:				
1. Name:		Title:		
Telephone: ()	Email:			
Additional Names:				
2. Name:		Title:		
Telephone: ()	Email:			
3. Name:		Title:		
	Email:			
	Email:			
Telephone: ()	Email:			
6. Name:		Title:		
Telephone: ()	Email:			
7. Name:		Title:		
Telephone: ()	Email:			
8. Name:		Title:		
	Email:			
Telephone: ()	Email:			
			Subto	tal \$
	5% GST – Alberta, Saskatchev	wan, Manitoba,	Quebec, BC and the Territories	
MEMBERSHIP TOTAL FEES	120/1	LICT Outsuis N	14% HST –PEI lewfoundland, New Brunswick	
	HST #844393256 RT0001	HST – Ontario, r	newroundiand, New Brunswick 15% HST – Nova Scotia	\
			TOTA	
Payment: Cheque or m	oney order enclosed payable to: Cana	dian Brown	ields Network	*
,	e my credit card \square $VISA$ \square Mass			
Card Number: Expiry Date /				
Print Name on Credit Card:				
a: .				

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