



APPLICATION FOR MEMBERSHIP
2009 – 2010

Membership Status Requested (Article 6 of the By-Laws)

- () Active employed by an Insurance company or Broker/Agency (other than life) who is actively engaged in or associated with the direction, supervision or carrying on of any financial or statistical activity of any such Insurance business.
- () Associate not employed by any Insurance company or Broker/Agency but actively involved in the supply of specialized knowledge, service or equipment to the Industry.

PLEASE PRINT CLEARLY

Name: Mr/Ms/Mrs/Miss _____
Surname First Name Initial
Job Title _____
Company Name _____
Company Address _____

Telephone # _____ Fax # _____
E-mail Address _____

Please return this form together with your cheque in the amount of \$100.00 (includes 5% GST of \$4.76) payable to the Canadian Insurance Accountants Association to:

Canadian Insurance Accountants Association
2175 Sheppard Avenue East, Suite 310
Toronto, Ontario M2J 1W8
Tel: (416) 971-7800 Fax: (416) 491-1670

GST No. 12710 9239 RT 0001

CIAA Privacy Policy: CIAA respects your privacy. We strive to protect the confidentiality of any personal information you may give us. We would like you to know (a) the circumstances under which we collect information, (b) the kind of information we collect, and (c) how we may use this information. We have posted our Privacy Statement on the CIAA website at www.ciaa.org for your reference. The CIAA does not share your information with any other group/organization unless we are authorized by you to do so.

Membership Directory Information – the CIAA 2009-10 Membership Directory will be distributed in September 2009 to all CIAA members. Kindly indicate below if you wish to be included in this directory:

- ___ Yes, please include my full contact information as listed above in the 2009-10 Directory
- ___ No, I do not wish to be included in the 2009-10 Directory.

Signature: _____

The membership fee is not required if joining after February 1, 2010