



APPLICATION FOR MEMBERSHIP

May 1, 2010 - April 30, 2011

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 an 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: _____

City _____

Prov _____

Postal Code _____

Telephone: _____

Fax: _____

E-mail Address: _____

Please return this form together with your payment in the amount of \$115.00 plus applicable GST/HST taxes payable to the Canadian Insurance Accountants Association to the address above.

PEI, MB, SK, AB, QC (5% GST)	NB, NL, ON (13% HST)	BC (HST 12%)	NS (HST 15%)
\$120.75	\$129.95	\$128.80	\$132.25

METHOD OF PAYMENT

Cheque enclosed

Charge to



Card # _____

Expiry Date _____ / _____

GST/HST # 127109239 RT0001

Cardholder's Name *(please print)* _____

Please make cheque payable to: **Canadian Insurance Accountants Association.**

Signature _____

Please note that charges to your credit card will show under the name **Taylor Enterprises Ltd.**

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 2010-11 Membership Directory will be distributed in September 2010 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 2010-11 Directory.
- No, I do not wish to be included in the 2010-11 Directory.

Signature: _____