



## Affiliate Membership Application 2017/18

### Personal Information Business Information

Mr. Mrs. Ms. Miss First Name: \_\_\_\_\_  
 Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Tel: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
 Education: High School College University Other  
 How did you hear about us? \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Tel: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Email: \_\_\_\_\_ Shipping: H B  
 Industry: \_\_\_\_\_ Position: \_\_\_\_\_  
 Responsibility: Local Regional National International  
 Preferred Language: \_\_\_\_\_ Years in Credit: \_\_\_\_\_

Type of Membership	Selection	Fee	Fee
Affiliate Membership		\$165	\$165
<b>Chapter Membership (please select the chapter membership closest to you)</b>			
Atlantic	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><i>For a limited time, the chapter fees will be waived for first time <b>affiliate members</b></i></p> </div> <div style="border: 1px solid black; padding: 5px;"> <p><i>Enjoy <b>one</b> complimentary paid dinner meeting in your first year of affiliate membership (Hamilton, Montreal/Quebec City &amp; South Western Ontario Chapters Only)</i></p> </div>		\$60
British Columbia		\$136.50	
Calgary		\$65	
Conestoga		\$206.60	
Edmonton		\$72	
Hamilton		\$220	
Manitoba		\$35	
Montreal / Quebec City		\$200	
Saskatchewan		\$35	
South Western Ontario		\$50	
Toronto	\$92		

GST/HST: AB BC NT NU MB PE QC SK YT: 5% | NB NL ON: 13% | NS: 15% | No tax for international applicants Tax  
 Only bank draft or credit card payment is accepted for international applicants Subtotal Total

### Payment Method

Visa  Visa Debit  MasterCard  Cheque  Money Order / Bank Draft Payable to Credit Institute of Canada  
 Name on card: \_\_\_\_\_ Card number: \_\_\_\_\_  
 Expiry Date: \_\_\_\_/\_\_\_\_ MM/YY Signature: \_\_\_\_\_ Total: \_\_\_\_\_

**Refund Policy**  
 Fees are non-refundable. As no departure from this policy is permitted, registrants should assess their position carefully before enrolling.

**Privacy Policy**  
 The Credit Institute of Canada collects personal information from our members, students, potential members and potential students for the purpose of registration, admission, income tax receipts, scholarships and awards, student and member communication, membership roster, planning, and qualification of educational and membership requirements and accomplishments. Personal information may be shared with other members, Credit Institute of Canada Chapters, service providers and any other parties as required by law. Your personal information will not be released to any other party unless the law permits or your permission is granted. The Credit Institute of Canada values the privacy of its members and customers.

I consent to receive messages about Credit Institute of Canada programs, professional services, newsletters, updates, promotions, invitations and events.  
 I have had a chance to read and understand the Refund Policy, Privacy Policy and deadlines as stated in the Program of Professional Studies and Services, and online at www.creditinstitute.org. I certify that the information I provide is true and correct. If accepted, I agree to comply with the Credit Institute of Canada By-Laws and Code of Professional Ethics.

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