

Affiliate Membership Application 2017/18

Personal Information	Business Information
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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	
Affiliate Membership		\$165	\$165
Chapter Membership <i>(please select the chapter membership closest to you)</i>	Selection	Fee	
Atlantic		\$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	

*For a limited time, the chapter fees will be waived for first time **affiliate members***

*Enjoy **one complimentary paid dinner meeting** in your first year of affiliate membership
(Hamilton, Montreal/Quebec City & South Western Ontario Chapters Only)*

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: _____