



APPLICATION FOR MEMBERSHIP

Name _____ Position _____

Firm _____

Address _____

Parent Co. _____

Telephone _____ Fax _____

Email Address _____

Website Address _____

Description of business activity: _____

Membership level applied for: Ordinary _____

Affiliate _____

Associate _____

Date: _____

Phone: (902) 405 3497

Fax: (902) 404 3060

Enclosed is our remittance of \$_____ in payment of current annual dues, which if we are not elected to membership is to be refunded. We agree to accept membership subject to the rule contact in the Regulations and Code of Ethics of the Association.