



MEMBERSHIP APPLICATION FORM

Applicant's Business Information:

Name: If applicable, please insert (in brackets) your Italian family heritage name if your family name is not of Italian ancestry. Mr/Mrs/Ms/Miss		Date of Birth:
Company Name:		Business Type:
Position/Title:		# of Employees:
Business Address:		Unit #
City:	Province:	Postal Code:
Business Phone: ()	Ext:	Fax #:
Cell #: ()	Email Address:	
Website Address:		
Other Business Associations of which you are a member:		

Please Note: Majority of correspondence with CIBPA Niagara is done through Email.

Personal Data:

Address:		Home Telephone: ()
City:	Province:	Postal Code:
Spouse's Name:	# of Children:	Ages:

Member Benefits Program:

This program is voluntary, but encourages local business support and business to business relationships.

Please provide a brief description of the exclusive benefits that your business will offer to CIBPA members.

This membership application is for:

- _____ Principal Membership [Annual Fee \$100 + \$50 Initiation Fee]
_____ Associate Membership [Annual Fee \$100 + \$50 Initiation Fee]
_____ Corporate Membership [Annual Fee \$250 + \$200 Initiation Fee (3 Representatives) Add Additional Person \$100]

Applicant's Signature: _____ Date: _____

CIBPA SPONSOR'S Name: _____

Information entered on this application will be strictly confidential.