

MEMBERSHIP TRANSFER FORM

INSTRUCTIONS

1. Print clearly
2. Complete all sections of the form including required signatures and return to:
E-mail: membership@caamp.org or Fax: 416-385-1177/888-579-2840

MEMBERSHIP NO.

MEMBER INFORMATION

Last Name _____ First Name _____ Middle Name _____
Title _____ E-mail _____
Address _____ Suite/Unit _____
City _____ Province _____ Postal Code _____
Tel _____ Alternate Tel _____
Toll Free _____ Cell _____ Fax _____

NEW COMPANY INFORMATION

Company Name _____
Address _____ Suite/Unit _____
City _____ Province _____ Postal Code _____
Tel _____ Fax _____

PREVIOUS COMPANY INFORMATION

Company Transferring From _____

PAYMENT INFORMATION (pro-rated membership fees may be required depending on new company's anniversary date)

Please charge my credit card

Card No. _____ Expiry _____

Name on Card _____

Signature _____

Cheque (payable to CAAMP)

FOR OFFICE USE ONLY

New Mo _____ Prior Mo _____ Dues _____

Notes _____

INDIVIDUAL DECLARATION

Please transfer my membership and update my record to reflect my new company. As a member of CAAMP, I continue to abide by the requirements and policies of the association in accordance with its bylaws and Code of Ethics.

Authorized Signature _____

Date _____

COMPANY DECLARATION

Please transfer the membership for the above individual and update your records accordingly. I understand my responsibilities as set forth in the association's bylaws and corporate policies.

Authorized Signature _____

Name _____

Date _____