

## **RENEWAL NOTICE**

## **Personal Information:**

| Name:                   |                                      |   |              |
|-------------------------|--------------------------------------|---|--------------|
|                         | Last                                 | First   | Middle       |
| Address:                |                                      |   |              |
|                         | Street Address                       | City or Tow   | 'n           |
|                         | Province                             | Postal Code   | e            |
| Phone:                  |                                      |   |              |
|                         | Home                                 | Other/Cell  |              |
| Email:                  |                                      |   |              |
|                         | By providing us with your email addr | ess, you consent to receiving electronic communications                               | from CRMTA.  |
| Employer:               |                                      |   |              |
|                         | Business Name                        | Street Address  | City or Town |
|                         | Province                             | Postal Code   | Phone Number |
| Additional<br>Employer: |                                      |   |              |
| . ,                     | Business Name                        | Street Address  | City or Town |
| Change ir               | n Status:                            |   |              |
| 1.                      |                                      | ted of a crime? □Yes or □No (check one)<br>ils below and attach a copy of a new crimi |              |

2. Have you incurred any prior liability claims or losses? □Yes or □No (check one). If **YES**, please provide details below.

| Payment Information:  | Credit Card Authorization:   |  |
|---|--|--|
| <ul> <li>Active Membership Renewal: \$346*</li> <li>Associate Membership Renewal: \$346*</li> <li>*The total cost of all CRMTA dues are subject to a transaction charge and tax.</li> </ul> | Card #:<br>Expiry: CVV:<br>If the Credit Cardholder is different from the applicant, complete below: |  |
| Payment Method:<br>Cheque / Money Order payable to<br>CRMTA   | Name on Credit Card:     Credit Card Billing Address:  |  |
| <ul> <li>Cash</li> <li>Credit Card: (Visa, MasterCard)</li> <li>E-Transfer (payments@crmta.com)</li> </ul>  | □ I have received permission from the cardholder to process this transaction                         |  |
|   |  |  |

**Declaration:** I, the undersigned, declare that to the best of my knowledge the information provided and statements made in this application and any attached documents is true. I agree to abide by CRMTA Bylaws, Code of Ethics, Guidelines for Professional Boundaries, Standards of Practice and any other governing documents of the Association. I realize that I may lose my membership and membership privileges if complaints about me are found to be in violation of these documents. I further understand that membership dues are non-refundable in the event that I choose to cancel my membership at any time after application or renewal.

Member Name

Member Signature

Date