

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 Employer:			
. ,	Business Name	Street Address	City or Town
Change ir	n Status:		
1.		ted of a crime? □Yes or □No (check one) 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:	
 Active Membership Renewal: \$346* Associate Membership Renewal: \$346* *The total cost of all CRMTA dues are subject to a transaction charge and tax. 	Card #: Expiry: CVV: If the Credit Cardholder is different from the applicant, complete below:	
Payment Method: Cheque / Money Order payable to CRMTA	Name on Credit Card: Credit Card Billing Address:	
 Cash Credit Card: (Visa, MasterCard) E-Transfer (payments@crmta.com) 	□ 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