



2015 INFORMCANADA MEMBERSHIP APPLICATION FORM Jan-Dec

SECTION A | Organization Information (if requesting membership for individual write individual's name)

Organization Name:		
I&R Program Name		
Agency Web site:		
Primary Contact Name :		
Phone:		E-mail:
Alternative Contact Name:		
Title:		
Phone:		E-mail:
Mailing Address:		

PLEASE NOTE THIS IS REQUIRED TO BE COMPLIANT WITH THE CANADIAN ANTI-SPAM LEGISLATION (CASL)

Yes, the above emails can be used for membership benefit information. By checking you are allowing the emails provided above to be used to receive membership information, including but not limited to conference information, newsletters, renewals, AGM and special meetings. You can unsubscribe at any time.

SECTION B | Choose the appropriate rate for membership, includes membership with AIRS

2015 Membership Rates (Organization membership includes ABC's of I&R and access to Taxonomy)

<input type="checkbox"/> Nonprofit Annual operating budget <i>more than</i> \$75,000	\$625
<input type="checkbox"/> Nonprofit Annual operating budget \$75,000 or less	\$350
<input type="checkbox"/> Individual (ABC's of I&R and Taxonomy not included)	\$100

SECTION C | Taxonomy Agreement

Read Taxonomy Agreement >>

YES, I have read the terms of the **Subscription Agreement** and agree to comply with the terms set out therein

Note: Please inquire if wanting Taxonomy only. All inquiries welcome at info@informcanada.ca

SECTION D | Payment

Cheque -- Please make cheque payable to InformCanada and return to address below

or **Credit Card** --- **Master Card** **Visa** **American Express**

Credit Card Number:

Expiry Date:

Amount paid:

Cardholder's Name on Card:

Signature:

Mail application with payment to:
InformCanada 235 Martindale Rd, Unit 10 St Catharines, ON L2W 1A5
Fax: 905-682-4314; Email info@informcanada.ca; www.informcanada.ca