



_____ **New Member**

_____ **Renewal**

Application Form – Resource Partner

Company Name: _____

Trade Name (if different): _____

Address: _____ **City:** _____ **Province:** _____ **Postal Code:** _____

Contact Name: _____

Telephone Number: _____

E-Mail Address: _____

Website: _____

Type of Business: _____

Annual Fee: \$1,700

Fee Payable \$ _____

Plus 5% GST \$ _____

Total Amount Enclosed \$ _____

Pay by Credit Card **Visa or Master Card #:** _____

Expiry Date: _____

Name on Card: _____

If you wish to pay by cheque, please mail to the address below.