

CSAE Business Membership Application

(For suppliers to the association sector)

Company Information

Organization Name: _____

Street Address: _____ **Suite:** _____

City: _____ **Province:** _____ **Country:** _____ **Postal Code:** _____

Organization Phone: _____ **Toll Free:** _____ **Fax:** _____

Website: _____ **Twitter Handle:** _____

My Company Provides Products / Services In (check all categories that applies to your business)

- | | | |
|---|--|--|
| <input type="checkbox"/> Advertising & Design | <input type="checkbox"/> Education & Training Services | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Advocacy / Government Relations | <input type="checkbox"/> Event & Trade Show Services | <input type="checkbox"/> Mobile Apps |
| <input type="checkbox"/> Association Management | <input type="checkbox"/> Executive Search | <input type="checkbox"/> Non-Dues Revenue |
| <input type="checkbox"/> Association Management Company (AMC) | <input type="checkbox"/> Facilitation | <input type="checkbox"/> Public Relations Firm |
| <input type="checkbox"/> Association Management Software | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Publishing / Printing / Mailhouse |
| <input type="checkbox"/> Audio / Visual Services | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Real Estate Services |
| <input type="checkbox"/> Catering & Food Services | <input type="checkbox"/> Gifts & Awards Services | <input type="checkbox"/> Restaurant & Special Event Site |
| <input type="checkbox"/> Communications & Public Relations | <input type="checkbox"/> Governance & Leadership | <input type="checkbox"/> Retail Services |
| <input type="checkbox"/> Computer & Technology Services | <input type="checkbox"/> Government Department or Agency | <input type="checkbox"/> Speaker Services |
| <input type="checkbox"/> Conference Centre / Meeting Facility | <input type="checkbox"/> Hotel / Resort Property | <input type="checkbox"/> Sponsorship Management Services |
| <input type="checkbox"/> Conference Organizers | <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Translators / Interpreters |
| <input type="checkbox"/> Conference Services | <input type="checkbox"/> Internet / eBusiness | <input type="checkbox"/> Travel & Transportation Services |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Legal Services | |
| <input type="checkbox"/> Convention & Tourism | <input type="checkbox"/> Marketing | |

Membership Applicants Information

1 **Title:** **First Name:** _____ **Last Name:** _____ **Designations:** _____

Job Title: _____ **Email:** _____

Work Ph.: _____ **Ext.:** _____ **Mobile Ph.:** _____ **Language Preference:** English French

2 **Title:** **First Name:** _____ **Last Name:** _____ **Designations:** _____

Job Title: _____ **Email:** _____

Work Ph.: _____ **Ext.:** _____ **Mobile Ph.:** _____ **Language Preference:** English French

3 **Title:** **First Name:** _____ **Last Name:** _____ **Designations:** _____

Job Title: _____ **Email:** _____

Work Ph.: _____ **Ext.:** _____ **Mobile Ph.:** _____ **Language Preference:** English French

Membership Interest

Tell us your reasons for joining CSAE:

How did you hear about CSAE?

If you answered "Other", please specify here:

Business Membership Payment Information

	Tax Type	Tax Rate	One Member	Two Members	Three Members
Base Rates (excluding tax)			\$635.00	\$1,270.00	\$1,905.00
BC / AB / SK / MB / QC / YT / NU / NT	GST	5%	<input type="radio"/> \$666.75	<input type="radio"/> \$1,333.50	<input type="radio"/> \$2,000.25
ON	HST	13%	<input type="radio"/> \$717.55	<input type="radio"/> \$1,435.10	<input type="radio"/> \$2,152.65
NB / NL / NS / PE	HST	15%	<input type="radio"/> \$730.25	<input type="radio"/> \$1,460.50	<input type="radio"/> \$2,190.75

(GST / HST: # R106866890)

Paid by: Individual Organization

Date: _____

Payment Type: AMEX MC VISA Cheque enclosed

Card Number: _____

Expiry Date: _____

Cardholder's Name: _____

I was referred to CSAE by (Name and Organization): _____

Name of person completing form: _____

Job Title: _____

Phone number and extension: _____

Email: _____

Clear all information and start again.

Save the form to complete it later or to send it via email.

Print the form to send it by mail or fax.

Please return this form to: CSAE - 10 King Street East, Suite 1100, Toronto ON M5C 1C3 - Fax: 416.363.3630
 QUESTIONS?

Email: member.info@csae.com - Ph: 416.363.3555 ext. 228 or 233 - Toll Free: 800.461.3608 ext. 228 or 233 - www.csae.com

CSAE values the privacy of its members. All information collected is done so in accordance with our Privacy Policy. For details, see www.csae.com.

* Membership is valid for one year from the date dues are received by CSAE.