

APPLICATION FORM ASSOCIATE MEMBERSHIP

To apply for membership please complete this application form indicating your preferences. All applications are subject to approval.

Please check off your preferred membership category (subject to availability):

Premium associate membership category: ____ Fee: \$2950

Basic Associate membership category: ____ Fee: \$750

Preferred payment method

Payment type: Credit card Send me an invoice Credit card details

Type: Visa MasterCard

Name on card: _____

Card number: _____

Exp. date: _____ CVV: _____

Billing address

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Post code: _____

Signature: _____ Date: _____

Please return completed form to:

Jacky Ehombe

E: info@acec.ca

T: (613) 236-0569 x214

Mail: 130 Albert Street, Suite 420, Ottawa, ON K1P 5G4

Name: _____

Position: _____

Company: _____

Address: _____

City: _____

Province/ State: _____

Postal/ Zip code: _____

Email: _____

Phone: _____

Mobile: _____