



# MEMBERSHIP APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Cellphone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date (if under 30 years old) \_\_\_\_\_

Please direct correspondence to  Business Address  Home Address

Company Type  Agency  Digital  Media  Client  Publishing  Public Relations  Association  
 Other \_\_\_\_\_

I wish to have my information show up in the member directory  Yes  No

If yes, please use  Business  Personal

I am interested in volunteering  Mentoring  Education/Learning  Other

Membership  Individual (\$141.25)  Under 30 yrs (\$73.45)  Student (\$56.50)  Retired (\$73.45)  
(\$125.00 + \$16.25 HST) (\$65.00 + \$8.45 HST) (\$50.00 + \$6.50 HST) (\$65.00 + \$8.45 HST)

## Payment Options

Cheque/money order enclosed (Please make payable in Canadian dollars to "Institute of Communication Agencies.")

Visa  MasterCard  AMEX

Card Number: \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_\_

Name on Card: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

The ICA will only use your information to complete this sales transaction, deliver your product(s), and to announce/promote future events. We do not share, rent or sell personal information to anyone. From time to time, we may offer you other ICA products.

If you do NOT wish to be contacted for promotional purposes, please check here

### Please Fax or Mail Payment to:

Institute of Communication Agencies, 3002 – 2300 Yonge Street, PO Box 2350, Toronto, ON M4P 1E4

Fax (416) 482-1856