



## APPLICATION FOR ASSOCIATE MEMBERSHIP

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Member of Notarial Society or Faculty of \_\_\_\_\_

Year of Commission/Appointment or Award Date: \_\_\_\_\_

### **Contact Information:**

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Annual Membership Fee: €75.00 per person**

Cheque Number: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

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Submit completed form either by:

- *to G.W. (Wayne) Braid, Secretary*
- *and fax at (604) 681-7258*