

Membership #: \_\_\_\_\_

## Membership Application/ Renewal Form

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Email (Personal): \_\_\_\_\_

\*Email (Work): \_\_\_\_\_

\*Mobile #: \_\_\_\_\_ Gender: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_ Office #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

- Individual Member** - is individual and Canadian resident who is aged 18 or above, and have experience in a business related to advertising, marketing and/or media industry. The individual has voting right and can enjoy member discount.  
 (\$20.00)
- Associate Member** - is individual and Canadian resident who is aged 16 or above, and is interested in advertising, marketing and/or media industry. The member in this category does not have voting right, but can enjoy member discount.  
 (\$20.00)
- Corporate Member** - is an active registered corporation or unincorporated company in Canada with primary day-to-day business related to advertising, marketing and/or media industry. One of the representatives of the company has voting right. Staff members of Corporate Members are entitled to CCAMMA Corporate Member discounts and benefits but are of non-voting status.  
 (\$200.00)

<b>Corporate Member</b>	Please print first and last name of associates	Email or Contact #:
<i>Name of representative:</i>		
<i>Name of representative:</i>		
<i>Name of representative:</i>		

Membership will be expired on \_\_\_\_\_. CCAMMA reserves the right to decline any membership application or renewal, amend membership dues, bylaws, rules and regulations at the sole discretion of board of directors.

I agree to receive emails, SMS messages and social media messages from CCAMMA†.

† May incur additional charges from your cell phone provider.

By signing below, I acknowledge that I have read, understand, and agree to abide by the provisions set forth in this membership application/renewal form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application form to: [membership@ccamma.com](mailto:membership@ccamma.com)

### OFFICIAL RECEIPT

This is to Confirm that \_\_\_\_\_ has paid membership fee  
 of CDN\$ \_\_\_\_\_ in full to CCAMMA. Membership will be expired on \_\_\_\_\_.

Date Received: \_\_\_\_\_ Payment validated by: \_\_\_\_\_

For enquires: [membership@ccamma.com](mailto:membership@ccamma.com)