



Membership Application - Renewal Form

Complete the following and return by email/fax/mail

New Membership: _____

Membership Renewal: _____

General Information

Company Name: _____

Contact's First Name: _____ **Contact's Last Name:** _____

City/Town: _____ **Postal Code:** _____

Mailing Address: _____ **Company #:** _____

Mobile #: _____ **Emergency #:** _____

Email Address: _____ **Registry # (office use only):** _____

Please fill out all fields as we are updating database

IVMAA Membership – See Website for more benefits www.ivmaa.com

Membership Type	Membership Benefits	Quantity	Amount	Totals
*Corporate		1	\$1050.00	
*Group		1	\$315.00	
Individual			\$125.00	
*Only one member receives email			Sub- Total	
			GST	
			Total	

Payment Options:

Please send invoice to address above _____.

(Cheque's payable to "IVMAA")

MC/VISA/AMEX	Authorization Date:	_____
Card #:	Name:	_____
Expiry Date:	Signature:	_____
Subtotal:	GST:	Total:
Office Use Only		