



Please complete and return to: admin@rmacanada.org

MEMBERSHIP APPLICATION

COMPANY INFO:

COMPANY NAME:

WEBSITE:

BUSINESS
STRUCTURE:

Corporation Sole-Proprietor Partnership Non-Profit Government Regulatory

Other (Please Specify):

OF EMPLOYEES:

ADDRESS:

CITY / PROVINCE:

POSTAL CODE:

CONTACT INFO:

PRIMARY CONTACT:

EMAIL:

PHONE #:

BILLING CONTACT:

EMAIL:

PHONE #:

I hereby certify that I am duly authorized to act on behalf of the organization and that the organization is legally constituted and eligible to enter into binding agreements. I confirm that all information provided in this application is accurate and complete to the best of my knowledge.

NAME

SIGNATURE

DATE