



# ICCC MEMBERSHIP APPLICATION

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## PERSONAL INFORMATION

Name:  Mr.  Ms.  Mrs.  Prof.  Dr.

First

Last

Title:

Company:

Address:

City:

Province:

Postal Code:

Is this your:  Business Address  Home Address

Spouse's Name:

First

Last

Residence Phone:

Residence Fax:

Residence E-Mail:

Business Phone:

Business Fax:

Business E-Mail:

Business WWW:

## BUSINESS INFORMATION

Business Sector - Select 1 only

- 01 Accounting
- 02 Agriculture / Fisheries
- 03 Banking
- 04 Business / Personal Services
- 05 Construction
- 06 Education
- 07 Engineering / Architecture
- 08 Entertainment / Arts
- 09 Environment
- 10 Government
- 11 Health Professions
- 12 Hospitality / Foodservice
- 13 Import / Export
- 14 Information Technology
- 15 Insurance
- 16 Investment Services
- 17 Law
- 18 Manufacturing
- 19 Marketing / Advertising
- 20 Media
- 21 Mining / Forestry
- 22 Real Estate
- 23 Retail / Wholesale
- 24 Social Services
- 25 Telecommunications
- 26 Transportation
- 27 Utilities / Oil & Gas

Other \_\_\_\_\_

Professional Focus - Select 1 only

- 01 Accountant
- 02 Consultant
- 03 Director
- 04 Doctor
- 05 Engineer
- 06 Lawyer
- 07 Manager/Executive
- 08 Owner
- 09 President
- 10 Professional
- 11 Sales Executive
- 12 Teacher

Other \_\_\_\_\_

## MEMBERSHIP / PAYMENT

**Corporate**     **Regular**     **Student**     **Life**  
 \$250 / year    \$100 / year    \$40 / year    \$1150 one time fee

Cash     Cheque     VISA     MC     AMEX

Credit Card Number

Expiry Date

Applicant

Signature of Applicant

Referred by

ICCC Sponsor Member

Date

## FOR OFFICE USE ONLY

Amount Received \_\_\_\_\_ Membership #: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Date: \_\_\_\_\_