

**\* Type of Membership**

- |                          |                            |   |
|--------------------------|----------------------------|---|
| <input type="checkbox"/> | <b>Associate Member</b>    | Associate Members have successfully completed all the required courses and exams to qualify |
|                          | \$195.00                   | Annual Fee - Canadian Dollars   |
| <input type="checkbox"/> | <b>Professional Member</b> | Professional Members have successfully completed the required courses and exams to qualify  |
|                          | \$295.00                   | Annual Fee - Canadian Dollars   |

**Individual Information**

- |                          |       |
|--------------------------|-------|
| <b>* First Name</b>      | _____ |
| <b>Middle Initial</b>    | _____ |
| <b>* Last Name</b>       | _____ |
| <b>* Company Name</b>    | _____ |
| <b>* Email Address</b>   | _____ |
| <b>* Phone Number</b>    | _____ |
| <b>* Address Line 1</b>  | _____ |
| <b>Address Line 2</b>    | _____ |
| <b>* City</b>            | _____ |
| <b>* Province/State</b>  | _____ |
| <b>* Postal/Zip Code</b> | _____ |
| <b>* Country</b>         | _____ |

**Personal Particulars**

\* **Date of Birth** \_\_\_\_\_ (yyyy-mm-dd)

\* **Languages Proficient In**

English

French

Spanish

Other  \_\_\_\_\_

\* **Relationship Status**

Single

Common Law

Married

Separated

Divorced

**Number Dependents** \_\_\_\_\_ (under 18 years of age)

\* **Attached Documents**

Please attach copies of all supporting documentation evidencing your eligibility to apply for the membership level indicated in this application.

\* Please complete and submit this form, along with a cheque made out to the Certified Document Management Association of Canada, to the below address. Please allow 2 to 3 weeks for processing. Once approved, you will receive an email with your login information.

Attention: Memberships  
 402, 225 - 25 Ave SW  
 Calgary Alberta  
 T2S 2V2 Canada

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

**Office Use Only**

**Date Received** \_\_\_\_\_

**Membership Number** \_\_\_\_\_

**Invoice Number** \_\_\_\_\_

**Documentation Received**  Yes  No

**Approved**  Yes  No

**Payment Cleared**  Yes  No

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Notes:**