



CERTIFIED DOCUMENTATION AND DATA
MANAGEMENT ASSOCIATION INTERNATIONAL

Company Manual Membership Application

* Required Fields

* Type of Membership

- | | | |
|--------------------------|---------------------------|---|
| <input type="checkbox"/> | Operating Company | Companies that have been certified as compliant with the standards as set forth by the Association |
| | \$995.00 | Annual Fee - Canadian Dollars |
| <input type="checkbox"/> | Consulting Company | A consulting company that adheres to the standards as set forth by the Association. The consulting company must have a senior consultant that is an active Professional Member of CDDMA |
| | \$995.00 | Annual Fee - Canadian Dollars |
| <input type="checkbox"/> | Software Company | Software companies that have incorporated the applicable standards as set forth by the Association in their software configuration and make it available to their customers at no additional charge |
| | \$995.00 | Annual Fee - Canadian Dollars |

Company Information

- | | |
|-----------------------------|-------|
| * Company Name | _____ |
| * Contact First Name | _____ |
| * Contact Last Name | _____ |
| * Email Address | _____ |
| * Phone Number | _____ |
| * Address Line 1 | _____ |
| Address Line 2 | _____ |
| * City | _____ |
| * Province/State | _____ |
| * Postal/Zip Code | _____ |
| * Country | _____ |

Member Information

For Consulting Company applications - a senior consultant at the consulting company must be a Professional Member of CDDMA

- | | |
|-------------------------------|-------|
| * First Name of Member | _____ |
| Middle Initial | _____ |
| * Last Name of Member | _____ |
| * Membership Number | _____ |
| * Email Address | _____ |



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* 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 _____

Copy of Audit 1 Attached Yes No

Copy of Audit 2 Attached Yes No

Approved Yes No

Payment Cleared Yes No

Signature _____

Date _____

Notes: