

# MEMBERSHIP TRANSFER FORM

## INSTRUCTIONS

1. Print clearly
2. Complete all sections of the form including required signatures and return to:  
E-mail: [membership@caamp.org](mailto:membership@caamp.org) or Fax: 416-385-1177/888-579-2840

## MEMBERSHIP NO.

## MEMBER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Title \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Unit \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Tel \_\_\_\_\_ Alternate Tel \_\_\_\_\_  
Toll Free \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

## NEW COMPANY INFORMATION

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Unit \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_

## PREVIOUS COMPANY INFORMATION

Company Transferring From \_\_\_\_\_

## PAYMENT INFORMATION (pro-rated membership fees may be required depending on new company's anniversary date)

Please charge my credit card

Card No. \_\_\_\_\_ Expiry \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Cheque (payable to CAAMP)

## FOR OFFICE USE ONLY

New Mo \_\_\_\_\_ Prior Mo \_\_\_\_\_ Dues \_\_\_\_\_

Notes \_\_\_\_\_

## INDIVIDUAL DECLARATION

Please transfer my membership and update my record to reflect my new company. As a member of CAAMP, I continue to abide by the requirements and policies of the association in accordance with its bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

## COMPANY DECLARATION

Please transfer the membership for the above individual and update your records accordingly. I understand my responsibilities as set forth in the association's bylaws and corporate policies.

Authorized Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_