



Canadian Netherlands Business and Professional Association Inc.

P.O. Box 5073, Station A
Toronto, Ontario
M5W 1N4 Canada

Tel/Fax: (416) 981-3424
www.cnbpa.ca

CNBPA Membership Registration Form

Please complete and return this form by fax 416-981-3424 or by regular mail to allow us to process your registration.

Membership Year: _____

Registration Information (one form per person)

Name _____

Company Name _____ Position Title _____

Street Address _____ City _____ Province _____ Zip Code _____

Home Phone _____ Work / Mobile Phone _____ Fax _____ E-Mail _____

Additional Name (For Corporate membership applicants only) _____ Email _____

Additional Name (For Corporate membership applicants only) _____ Email _____

Membership Type

Corporate - \$300 Individual - \$60

TOTAL

Payment Details

No.# Type Visa MC AMEX Exp. (mm/yy) Cheque Enclosed

Our Privacy Policy

We collect personal information and we may retain any personal information provided, in order to send you information about our services and to compile our membership database which may appear both on our website for access by members and in a membership booklet distributed to members. We will not publicly disclose on the website, in the membership booklet or in any other publication any banking or credit card information provided by you in this form. By completing and submitting this form you are consenting to our collecting and retaining this information and using it in this manner. CNBPA will not provide this information to non-member third parties except if it is for purposes of assisting the CNBPA, for example, to maintain the website. You may request that your personal information be corrected or your consent to our maintaining your information be withdrawn.

I accept(required)

Signature (required) _____ Date _____