

INSTRUCTIONS

EACH MEMBER MUST COMPLETE HIS OR HER OWN APPLICATION FORM. PLEASE COMPLETE ALL SECTIONS APPLICABLE. IF YOU ARE PAYING FOR MORE THAN ONE MEMBERSHIP PLEASE IDENTIFY THE TOTAL NUMBER OF MEMBERSHIPS YOU ARE PAYING FOR IN THE ANNUAL DUES BOX BELOW.

BUSINESS OR EMPLOYER INFORMATION

| | | |
|--|------------------|---|
| Company Name | | Years in business? |
| Business Mail Address | City | Province |
| Postal Code | Telephone () | Fax () |
| Email Address | Website | |
| Please Describe Your Business (30 words or less) | | Would you like your company listed in the Membership Directory? <input type="checkbox"/> YES <input type="checkbox"/> NO |

Membership in the Microbusiness Resource Group automatically includes an insurance program that was specifically designed for small business owners and employees of companies that do not have an employee benefit plan. For complete details see the back of this form. Please complete the following to activate your membership.

INSURED MEMBER'S INFORMATION

Please Identify Yourself: Company Owner/Partner/Director/Employer Employed Individual Mr. Mrs. Ms

| | | |
|---|---|---|
| Name | | Date of Birth (must be under 70 years of age) |
| Home Address | City | Province |
| Postal Code | Telephone () | Fax () |
| Email Address | Name of the Beneficiary of the Insurance Policy | |
| Today's Date | Relationship | Beneficiary's Date of Birth |
| Authorization of Insured: <input type="checkbox"/> I accept and agree to the Terms and Conditions of the Microbusiness Resource Group membership. | Date: | |

ADDITIONAL INSURED - The AD&D Policy provides coverage for your spouse or relationship partner and dependent children. Please provide information for spouse or partner and each dependent child: [If you need more space please attach a separate piece of paper with the additional information.]

| | | |
|------|---------------|--------------|
| Name | Date of Birth | Relationship |
| Name | Date of Birth | Relationship |
| Name | Date of Birth | Relationship |
| Name | Date of Birth | Relationship |

PAYMENT OPTIONS:

OR Please check which Credit Card

Expiry Date: _____

Card No: _____

DOUBLE my AD&D Coverage to \$100,000 for just \$100.00 more!

| ANNUAL DUES (GST is included in membership fee) | |
|--|-----------|
| Membership Fee | \$ 395.00 |
| Double my AD&D Coverage [add \$100.00] | \$ |
| TOTAL AMOUNT ENCLOSED | \$ |