

MEMBERSHIP RENEWAL

A Division of Microbusiness Training Centre Inc.

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)

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 Individua	I 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	
	red: pt and agree to the Terms and Conditions of the business 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:	ANNUAL DUES (GST is included in membership fee)		
OR Please check which Credit Card	Membership Fee	\$ 395.00	
Expiry Date:	Double my AD&D Coverage [add \$100.00]	¢	
Card No:		Ψ	
DOUBLE my AD&D Coverage to \$100,000 for just \$100.00 more!	TOTAL AMOUNT ENCLOSED	\$	