

CHLA APPLICATION / RENEWAL / ORDER FORM



**Canadian
Healthcare
Licensing
Association**

P.O. Box 40010, RPO Marlee
Toronto, Ontario M6B 4K4
t 416 657 2452
f 905 726 9125
e admin@chlassoc.com

**Association
Canadienne pour
les accords et
licences en
soins de santé**

Boîte postale 40010, poste ferroviaire Marlee
Toronto, Ontario M6B 4K4
téléphone : (416) 657-2452
télécopieur : (416) 657-2452
email admin@chlassoc.com

PRINT, FILL OUT, AND MAIL IN THIS FORM WITH YOUR CHEQUE.

APPLICATION / RENEWAL:

I WOULD LIKE TO RENEW / APPLY FOR MY CHLA MEMBERSHIP.

A cheque is enclosed with a copy of this application in the amount of \$ _____.

- Renewal
 New Membership

PLEASE LIST OUR MEMBERSHIP AS FOLLOWS:

COMPANY _____

PRIMARY MEMBER

Name _____
Title _____
Address _____
City _____ Province _____ Postal Code _____
Phone _____ Fax _____
Email _____

ASSOCIATE MEMBER

Name _____
Title _____
Address _____
City _____ Province _____ Postal Code _____
Phone _____ Fax _____
Email _____

AGREEMENT TO PROVIDE INFORMATION TO CHLA MEMBERS

The CHLA is a networking and educational organization. It is a condition of your membership that the CHLA publish or share membership information (members' names, business addresses, phone numbers, email addresses, as well as certain other company-specific optional information) on its website, in its business materials and with other networking and educational organizations. The CHLA does this to enhance (i) educational and networking opportunities, (ii) communications with other business development professionals, and (iii) the flow of information to members about programs, initiatives, products and services. By applying for membership or applying to renew your membership, you are consenting to CHLA's publication and sharing of this information. You have the option not to consent to the publication or sharing of this information by not applying for membership.

FEES:

The membership fee for the **PRIMARY MEMBER** for a company is **\$350** (GST/PST exempt).

For each **ADDITIONAL MEMBER** from a member company is **\$250** (GST/PST exempt).

TO RENEW OR APPLY FOR YOUR MEMBERSHIP, YOU MUST COMPLETE AND RETURN:

1. A signed membership renewal/application form.
2. A cheque for membership fee.

PLEASE MAKE CHEQUE PAYABLE TO:

Canadian Healthcare Licensing Association or CHLA and mail all documents to the address above.

NOTE:

If you require more space for Additional Members, please photocopy and attach with the original.

Membership to the CHLA is based on the calendar year.

RESOURCE MANUAL ORDER FORM



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PRINT, FILL OUT, AND MAIL IN THIS FORM WITH YOUR CHEQUE.

ORDER DETAILS:

I would like to order (_____) **RESOURCE MANUAL(s)** at **\$125.00*** Canadian each,
prepaid to the address below for a total cost of (_____ @ **\$125.00**) \$ _____.

A cheque is enclosed with a copy of this application in the amount of \$ _____.

* (GST/PST exempt)

Name _____ Signature _____

(Please print)

PLEASE MAKE CHEQUE PAYABLE TO:

Canadian Healthcare Licensing Association or CHLA and
mail all documents to the address above.

IF YOU ARE PLACING AN ORDER FOR ONE OR MORE BINDERS, WOULD YOU PLEASE COMPLETE THE FOLLOWING SHIPPING INFORMATION

Please ship my Resource Manual (s) to the following address:

Company _____

Attention _____

Department _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Email _____

RESOURCE MANUAL ORDER FORM



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PRINT, FILL OUT, AND MAIL IN THIS FORM WITH YOUR PAYMENT.

ORDER DETAILS:

I WOULD LIKE TO RENEW / APPLY FOR MY CHLA MEMBERSHIP.

1) A cheque is enclosed with a copy of this application in the amount of \$ _____.

OR

2) Please charge my credit card in the amount of \$ _____.

Visa Mastercard American Express

Card # _____ Expiry Date _____

Name _____ Signature _____

(Please print)

Renewal

New Membership

COMPANY _____

PRIMARY MEMBER

Name _____

Title _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Email _____

ASSOCIATE MEMBER

Name _____

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City _____ Province _____ Postal Code _____

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