



CORPORATE
CANADIAN ITALIAN BUSINESS AND PROFESSIONAL ASSOCIATION
CIBPA HAMILTON - HALTON MEMBERSHIP APPLICATION

4-168 Barton St, Suite 310, Stoney Creek, ON L8E 4V6
 Tel: 905.928.2171 Email: hh@cibpa.com Website: www.cibpahh.com

I. APPLICANT INFORMATION			
Company Name:			
Address:			Unit / Suite:
City:	Prov:	Postal Code:	
II. CONTACT PERSON			
Mr./Ms./Mrs./Miss.:			Birth Date:
Position Title:		Professional Designation:	
Business or Professional category under which Applicant's company should be listed in Association's Membership Directory:			
Business Phone:		Fax:	Cellular Phone:
Email Address:		Website Address:	
III. RESIDENCE DATA FOR CONTACT PERSON:			
Address:		Residence Phone:	
City:	Province:	Postal Code:	
Marital Status:		Spouse's Name:	
Number of Children:		Names and Ages:	
Please send all correspondence to my: <input type="checkbox"/> Business Address <input type="checkbox"/> Residence Address			
Would you be interested in information about: EVENT SPONSORSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Ask me in 6 months			
V. (✓) PREFERRED CORPORATE MEMBERSHIP: (see Requirements for Membership in Handbook)			
<input type="checkbox"/> Platinum (details on reverse)			\$2,000.00
<input type="checkbox"/> Gold (details on reverse)			\$1,000.00
<input type="checkbox"/> Silver (details on reverse)			\$ 500.00
Total Amount Due: \$ <input type="checkbox"/> Cheque Attached (Payable to CIBPA HH) <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card Number			
*Annual Fee Includes Taxes			
*** I consent to receive future communications about news and event information from CIBPA HH. You can revoke permission at any time by contacting hh@cibpa.com or at (905) 928-2171. Initials for Consent: _____			
Applicant's Signature: _____			Date Submitted: M D Y

FOR OFFICE USE ONLY: Paid: _____ Approved: _____ Effective Date: _____

**I hereby approve to have my information included in the Local and National Directory Listing: Yes No
INFORMATION ENTERED ON THIS APPLICATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

SEE REVERSE

CORPORATE MEMBER BENEFITS

**Membership Benefits (assumes minimum six events per year)	LEVELS		
	*Platinum Membership	Gold Membership	Silver Membership
Reserved table at Events	X	X	X
**Complimentary Event Tickets per event	Eight (8)	Four (4)	Two (2)
Corporate Logo on display at Events (size variation)	X	X	X
Private pre-dinner reception (when applicable) with guest speakers	X	--	--
Acknowledgement at events - Microphone - Slide Show	x x	x x	x
* Event Advertising	X	--	--
Corporate Logo in Newsletter	X	X	X
CIBPA HH Website - Link/Logo (Home page)	X	--	--
Fee for Individual Member Status (includes voting rights for one (1) representative)	X	X	--
Ticket discount at Business Excellence Awards Gala	20%	10%	--
Membership Fee	\$ 2,000.00	\$ 1,000.00	\$ 500.00

* Sponsor's exclusivity to set up booth, signs, banners and provide any advertising material, subject to approval (Company will be responsible for setup, manning and dismantling of any display)

** ***Please note*** that the above benefits for all levels apply to all CIBPA HH events during the one year period following membership/membership renewal, but do not apply to the Business Excellence Awards ("BEA") Gala, for which sponsorship and support opportunities will be made available to all, including corporate members, on a separate basis". Platinum sponsors will be given first right of refusal to Title Sponsorship.