



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

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: MM / DD / YYYY		

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



CORPORATE MEMBER BENEFITS

Membership Benefits	LEVELS		
	Platinum Membership	Gold Membership	Silver Membership
Complimentary Event Tickets per Event**	Eight (8)	Four (4)	Two (2)
Fee for Individual Members (includes voting rights)	Eight (8)	Four (4)	Two (2)
Acknowledgement at Events	X	X	X
Link/Logo on CIBPA HH Website	X	X	X
Exclusive Promotional Advertising at Events*	X	--	--
Corporate Logo on Display at Events (where applicable)	X	X	X
Reserved Tables at Events (where applicable)	X	X	X
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 of (Sponsor will be responsible for setup, manning and dismantling of any such displays). Where applicable, Platinum Sponsors will be given first right of refusal to Title Sponsorship.**

** ***Please note* that the above benefits, for all levels, apply to select CIBPA Hamilton-Halton events, for which a minimum of four (4) events will be offered during the one-year period commencing upon membership application/renewal payment. CIBPA HH will provide this benefit with the exception of signature events, such as the Business Excellence Awards ("BEA") Gala, or any other events that are deemed "exclusive" events. Corporate sponsors will have presale access to these tickets, but tickets will be sold to them at the price offered to the paid membership.**