



Chinese Canadian Information Processing Professionals

Membership Application/Renewal Form

PERSONAL INFORMATION			
Name of Applicant (please indicate how you wish to be addressed) Last Name (Mr/Mrs/Ms/Dr) First Name Initial		Employer/School Name <input type="checkbox"/> Same as last renewal	
Home Address (No., Street, Unit/Apt) <input type="checkbox"/> Same as last renewal		Business Address (No., Street, Unit/Suite#)	
City, Province, Postal Code		City, Province, Postal Code	
Home Telephone Number ()	Home FAX Number ()	Business Telephone Number () Ext	Business FAX Number ()
Send Mail to: <input type="checkbox"/> Home <input type="checkbox"/> Business Address		Job Title	
E-Mail Address <div style="text-align: right;"><input type="checkbox"/> notify by E-Mail <input type="checkbox"/> list on CIPRO's home</div>			

POST SECONDARY EDUCATION		
College/University Institute	Major Subject	Degree Diploma Designation

MEMBERSHIP FEE SCHEDULE			
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal Member (Membership No. _____)			How did you hear about CIPRO?
Membership Type	Regular (R)	Associate (A)	Student (S)
Oct - Mar (New Member Only)	\$10.00	\$10.00	\$7.00
One Year	\$20.00	\$20.00	\$14.00
Two Year	\$35.00	\$35.00	N/A
Three Year	\$50.00	\$50.00	N/A
			- Referred by: _____
			- Media: _____
			- Event: _____

** Please circle the applicable membership type.

**All membership expire on March 31 of each year except for multiple year membership.

Please enclose your cheque payable to CIPRO with this application

and mail to:
CIPRO
Box 316, 7305 Woodbine Ave,
Markham, Ontario
L3R 3V7

Applicant's Signature

Are you interested in helping out with CIPRO functions? Yes No Date: _____

Do you agree to disclose your information to other members? Yes No

(Members who do not agree to disclose information will not receive membership list)

***** CIPRO is not responsible for any personal injuries that may happen in any CIPRO's activities *****

FOR OFFICE USE ONLY	
Fee Received by: _____	Date: _____
Cheque/Cash Amount: _____	Cheque No. & Bank Name: _____
Membership No.: _____	Receipt No: _____