Western Canada Chapter

2018 Membership Application / Renewal Form

Name: ____________________________________________________________

Company: ____________________________________________________________________

Address: ______________________________________________________________________

City: ___________________ Province: _______ Postal Code: ______________________

Phone: ___________ Fax: ___________ Cellular: ________________________

Email: ________________________________________________________________

2018 Chapter Dues

☑ Student School & Major: _________ $50

☐ CCIM Designee No. ___________ $95

☐ CCIM Candidate No. ___________ $95

☐ Associate (neither Candidate nor Designee) $95

☐ Affiliate (Corporate/Association) $150

BY CHEQUE: Payable to CCIM Western Canada Chapter

BY CREDIT CARD: Visa Card Number: ____________________________________________

Signature: ____________________________________________ Exp: __________

Mailing Address:
CCIM Western Canada Chapter
Attn: Megan Grayston
88 Pacific Blvd
Vancouver, BC V6Z 2R6

Email: megan.grayston@concordpacific.com

Please email a picture of yourself for the membership roster to carinasunz@gmail.com
1. Image should not exceed 150x115 in 72dpi resolution
2. Image should be in .gif or .jpg format

Support your Chapter and enjoy the benefits of membership.