2019 Membership Application / Renewal Form

Name: __________________________________________________________________________

Company: _______________________________________________________________________

Address: _________________________________________________________________________

City: ___________________ Province: _______ Postal Code: _______________________

Phone: _________________ Fax: _________________ Cellular: ____________________

Email: _______________________________________________________________________

2019 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: Steve Da Cruz:
500-889 W Pender St.
Vancouver BC V6C 3B2 88
Email: stevedacruz@gmail.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.