



Canadian International Freight Forwarders Association

**ASSOCIATE MEMBERSHIP APPLICATION  
CANADIAN INTERNATIONAL FREIGHT FORWARDERS ASSOCIATION INC.**

This firm hereby applies for Associate Membership in CIFFA, and requests that the persons listed hereafter as its representatives.

Date:	
Name of Firm:	
Head Office Address:	
Tel:	Fax:
Web Address:	Email:
Nature of Business (main functions):	
No. of Branch Offices: (Attach contact list of all branch offices)	No. of Employees: (Attach list of employee email addresses for daily ebulletin)
Name of Person Completing Application:	
Email of Applicant:	
President:	Email:
Vice President:	Email:
Secretary:	Email:
Treasurer:	Email:
Name of Designated Firm Representative:	
Designate's Email:	
Name of Alternate Representative:	
Alternate's Email:	
Proposed By:	Email:

Canadian International Freight Forwarders Association Inc.

170 Attwell Drive, Suite 480, Toronto, Ontario, M9W 5Z5

Tel. 416-234-5100 ♦ Toll Free. 866-282-4332 ♦ Fax. 416-234-5152 ♦ [membership@ciffa.com](mailto:membership@ciffa.com) ♦ [www.ciffa.com](http://www.ciffa.com)

Name of CIFFA Regular Member	
Seconded By: Name of CIFFA Regular Member	Email:
Applicant Firm:	
Signature and Title: (Company Official)	

1. Each firm may name two representatives, a designated and an alternate representative.
2. Representatives can only be changed by a member firm with the approval of the Association.
3. The annual fee effective May 19, 2004, is \$625.00\*. Payment to accompany completed application.

**\*membership fees are non-refundable**

**Make cheque payable to CIFFA National.,**  
 170 Attwell Drive, Suite 480  
 Toronto, Ontario M9W 5Z5  
 Please add 5% Goods and Services Tax for a total of \$656.25.

**Please check off the Regional Office to which this application applies.**

- Western Region (B.C., AB, SK, Nunavut, NWT, Yukon)  
 Central Region (MB, ON)  
 Eastern Region (QC, N.B., N.S., P.E.I., NF)

**For Regional Committee & Events Information:** [www.ciffa.com/news.asp](http://www.ciffa.com/news.asp)

<b>Payment Options:</b> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Person's Name on Card:
Signature on Card:
Card Number: (no spaces)
Expiry Date: (mm/yyyy)

Questions regarding membership should be addressed to the Secretariat's Membership Coordinator at email [membership@ciffa.com](mailto:membership@ciffa.com)

For Official Use Only:
Credit Card Authorization No.: _____
Date Processed: _____

To view CIFFA's Privacy Policy please visit [www.ciffa.com/privacy.asp](http://www.ciffa.com/privacy.asp)

(formule française sur demande)