



Canadian Junior Chamber Application Form

Please complete the information below and return it to your Chapter for processing with the National office.

APPLICATION TYPE:			
New: _____	Update: _____	Renewal: _____	Transfer: from _____ to: _____
PERSONAL INFORMATION:			
Last Name: _____			Sex (circle): Male/Female
First Name: _____			
Mailing Address: _____			
City: _____	Province: _____	Postal Code: _____	
Phone #: _____	Fax #: _____		
E-mail: _____			
Date of Birth: (MM/DD/YY): ____/____/____			
BUSINESS/EMPLOYMENT INFORMATION:			
Company Name: _____		SIC #: _____	
Title: _____			
Address: _____			
City: _____	Province: _____	Postal Code: _____	
Phone #: _____	Fax #: _____		
E-mail: _____			
Description (max. 10 words): _____			
CHAPTER INFORMATION:			
Date Joined: (MM/DD/YY) ____/____/____		Chapter: _____	
Member #: _____		Position in Chapter: _____	
Fellow #: _____		Senator #: _____	
PAYMENT METHOD:			
Cheque: _____			
VISA: _____		Expiry Date: _____	
Authorizing Signature: _____			