

INSTRUCTIONS

EACH MEMBER MUST COMPLETE HIS OR HER OWN APPLICATION FORM. PLEASE COMPLETE ALL SECTIONS APPLICABLE.

BUSINESS OR EMPLOYER INFORMATION

Company Name		Years in business?
Business Mail Address	City	Province
Postal Code	Telephone ()	Fax ()
Email Address	Website	
Please Describe Your Business (30 words or less)		Would you like your company listed in the Membership Directory? <input type="checkbox"/> YES <input type="checkbox"/> NO

Membership in the Microbusiness Resource Group automatically includes an insurance program that was specifically designed for small business owners and employees of companies that do not have an employee benefit plan. For complete details please refer to the Terms & Conditions.

INSURED MEMBER'S INFORMATION

Please Identify Yourself: Company Owner/Partner/Director/Employer Employed Individual Mr. Mrs. Ms

Name		Date of Birth (must be under 70 years of age)
Home Address	City	Province
Postal Code	Telephone ()	Fax ()
Email Address	Name of the Beneficiary of the Insurance Policy	
Date:	Relationship	Beneficiary's Date of Birth
Authorization of Insured: <input type="checkbox"/> I accept and agree to the Terms and Conditions of the Microbusiness Resource Group membership.	Signature of Insured:	

ADDITIONAL INSURED - The AD&D Policy provides coverage for your spouse or relationship partner and dependent children. Please provide information for spouse or partner and each dependent child: [If you need more space please attach a separate piece of paper with the additional information.]

Name	Date of Birth	Relationship
Name	Date of Birth	Relationship
Name	Date of Birth	Relationship
Name	Date of Birth	Relationship

PAYMENT OPTIONS:

 OR  Please check which Credit Card

Expiry Date: _____

Card No: _____

DOUBLE my AD&D Coverage to \$100,000 for just \$100.00 more!

ANNUAL DUES (GST is included in membership fee)	
Membership Fee	\$ 395.00
Double my AD&D Coverage [add \$100.00]	\$
TOTAL AMOUNT ENCLOSED	\$