



Junior Chamber International Canada

New Member or Member Renewal Form

Please complete the information below and return it to your chapter for processing with the National Office

Date of birth must be included.

APPLICATION TYPE:			
New: _____	Update: _____	Renewal: _____	Transfer: from _____ to: _____
PERSONAL INFORMATION:			
Last Name: _____		Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name: _____		Home Address: _____	
City: _____	Province: _____	Postal Code: _____	
Phone #: _____	E-mail: _____		
Date of Birth: (MM/DD/YY): ____/____/____			
BUSINESS/EMPLOYMENT INFORMATION:			
If you do not wish to have your business information included in the directory, DO NOT complete the section below.			
Company Name: _____		Company Website: _____	
Your Title: _____	www. _____		
Address: _____			
City: _____	Province: _____	Postal Code: _____	
Phone #: _____	Extension: _____	Fax #: _____	
E-mail: _____			
Description (max. 10 words): _____ _____			
CHAPTER INFORMATION:			
Chapter Name: _____		Position in Chapter: _____	
PAYMENT METHOD:			
Cheque: _____			
VISA: _____		Expiry Date: _____	
Authorizing Signature: _____			

JCI Canada Privacy Policy

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