



Please print this application and fax or mail your form **with fee or PO**, to:   
Fax machine is totally secure.

CMVA/ACVM Executive Director  
105 -150 Crowfoot Cres. NW, Ste. 877  
Calgary, AB, T3G 3T2  
Phone 403-208-9618. Fax # **403-208-9619**

### Application for Corporate Membership-2008

- standard - \$750 - for up to 5 individuals.
- two year standard - \$1450
- three year standard - \$2150
- extended \_ - for \_\_\_ individuals, total.  
.\$750 + \$100 for each individual over the 5. E.g.  
\$950 for 7). Multiple year discounts same as for individuals.

*Avoid possible price increases.*

Recruited by (optional): \_\_\_\_\_  
Recruiter is eligible for a prize draw at the AGM.

Membership year is January to December.  
**Tax exempt.**

- Your corporate membership includes your logo flashing on [www.cmva.com](http://www.cmva.com).
- it is already there
  - it is being emailed to [val@cmva.com](mailto:val@cmva.com)
  - please do not add our logo to cmva.com

Please include business card info for each designate.

<input type="checkbox"/> Cheque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PO	Authorization Number						
#	Expiry: <input type="text"/> <input type="text"/>	<b>Canadian Machinery Vibration Association</b>		<table border="1"> <tr> <td>MM</td> <td>DJ</td> <td>YA</td> </tr> <tr> <td colspan="3">Transaction Date</td> </tr> </table>	MM	DJ	YA	Transaction Date		
MM	DJ	YA								
Transaction Date										
Name(please print): _____										
Cardholder's Signature _____										
Description _____				Total \$CDN <input type="text"/>						

Receipts are emailed or faxed with the credit card number partly obscured.

*If different, fax receipt to #*

*Please supply current Membership Number OR business card OR fill in this form:*

CMVA/ACVM Membership # \_\_\_\_\_ **OR** (please print, if not a member or member info is wrong)

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name and Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

**email** \_\_\_\_\_

Note: Registrations are always acknowledged, so if you don't receive a reply, please call the office at 403-208-9618 or email [Val@cmva.com](mailto:Val@cmva.com).