

Chapter Membership Application Form

ORGANIZATION INFORMA T ION											
Company Name:						Phone:					
Email:							Extension:				
Mailing Address:											
City:						Province: Postal Code:					
Contact Person:											
	MEMBERSHIP FEES										
	ON	QC	NB/NS	ON	MB	PE	AB / NT/	YT	SK	ВС	
	Membership Fee \$50.00 before tax										
Membership Fee including taxes	\$56.50	\$52.50	\$57.50	\$57.50	\$56.50	\$57.50	\$52	.50	\$52.50	\$56.00	
Applicable taxes for Membership feesBC 7% PST+ 5% GSTMB 8% PST + 5% GSTON 13% HSTMembership feesAB, QC, NT, YT, SK 5% GSTNS, NL, NB 15% HSTPE 15% HST											
PAYMENT I		es									
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Cheq Mone Mast	Membership fer	es	AB, QC, NT,	YT, SK 5% (eques will NC	., NB 15%	epted)			per:	
Cheq Mone Mast Visa Amount:	Membership fer	Sonography (AB, QC, NT,	st-dated che	eques will NC	T be acce	epted)	PE /	15% HST	er:	

Please forward your completed application to the address provided below:

PO Box 1220, Kemptville, ON K0G 1J0 Toll Free Phone: 1-888-273-6746 Toll Free Fax: 1-888-743-2952

info@sonographycanada.ca www.sonographycanada.ca