



## CBMU ASSOCIATE APPLICATION

Please give a brief description of your line of business and your interest in desiring to become associated with CBMU. Please also give the date your business commenced and indicate where commenced if different from your address as shown on the application.

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Please indicate your area of expertise

Insurance Broker

Lawyer

Surveyor

Other (please specify)

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By making this application, the applicant if accepted agrees to abide by the terms of the CBMU by-laws as now exist or as may be properly amended from time to time.

Associate fees are \$275 + applicable taxes per person per year.

Name of Applicant \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ PC. \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_