



Annual TCA Application Form

INSTALLATION:

COMPANY: _____

DEPARTMENT: _____

STREET: _____

CITY: _____

POSTAL CODE: _____

KEY CONTACT:

NAME: _____

PHONE NUMBER: _____ EXT: _____

FAX NUMBER: _____ EXT: _____

E-MAIL ADDRESS: _____

SECOND CONTACT

NAME: _____

PHONE NUMBER: _____ EXT: _____

FAX NUMBER: _____ EXT: _____

E-MAIL ADDRESS: _____

THIRD CONTACT

NAME: _____

PHONE NUMBER: _____ EXT: _____

FAX NUMBER: _____ EXT: _____

E-MAIL ADDRESS: _____

FOURTH CONTACT

NAME: _____

PHONE NUMBER: _____ EXT: _____

FAX NUMBER: _____ EXT: _____

E-MAIL ADDRESS: _____

TCA information and meeting notices will be sent out via e-mail or provided on our website at www.torontocics.org.

Enclosed TCA membership fee (Please circle one)

Individual.....\$100.00 Corporate (4 people).....\$300.00

Please print out this application form and make cheque payable to: Toronto CICS Association, and return it with the application form to:

*Attn: Treasurer
Toronto CICS Association
Box 956, Adelaide Street Post Office,
Toronto, Ontario M5C 2K3*