

# Individual Membership Application

Use this application if you live in Canada or the U.S.

Please complete all sections in print or type.

## Member Information

APICS Customer ID number: \_\_\_\_\_ CIRM CPIM CFPIM

Mr. Mrs. Ms. Miss

Please print your name and address as they should appear on mail.

\_\_\_\_\_  
Last Name First Name Initial

Please check your preferred mailing address: Work \_\_\_\_\_ Home \_\_\_\_\_

\_\_\_\_\_  
Job Title Company Name

## Business Address

\_\_\_\_\_  
Province, Postal Code, Country

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Business Phone Business Fax Business E-mail

## Home Address

\_\_\_\_\_  
City State/Province ZIP/Postal Code Country

(\_\_\_\_\_) \_\_\_\_\_

Home Phone Home E-mail

## Member Privacy Policy

The mail, phone, fax and e-mail information you provide will be used by APICS and its chapters to communicate with you.

We will share your mailing

address information with our affinity program partners who wish to communicate with you about their products and services. We will NOT share your

phone, fax or e-mail address information with those affinity program partners. We make our mailing list available to third parties through mail list trade or rental (phone, fax, and e-mail address are not made available).

Check here to exclude your name from rented or traded mailing lists. Telemarketing use of APICS mail lists by sources

other than APICS is strictly prohibited.

**Optional Information:** Gender: Male Female Date of Birth: \_\_\_\_\_

## Chapter Dues

- Society Dues: \$195.00 CDN
- Chapter Dues : \$ 65.00 CDN Please make your cheque payable to:
- **TOTAL: \$260.00 CDN APICS London & District Chapter.**

**Mail your fee and completed application to Marg Dixon, Membership Director,  
APICS London & District  
Chapter, 6 Archer Crescent, London, ON, N6E 2A5.**

Referring Member's Name: \_\_\_\_\_ Referring Member's APICS ID number: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_