



加中文化交流協會

CANADA CHINA CULTURE EXCHANGE ASSOCIATION

Membership Application

* First Name _____ * Last Name _____

* Mailing Address _____ * City _____

* Province _____ * Postal Code _____ * Country _____

* Phone Number: Daytime _____ * Night time _____

* E-mail Address _____

* Company or Organization Name _____

Type of business or Organization _____

* Title in Company or organization _____

* Business Address _____ * City _____

* Province _____ * Postal Code _____ * Country _____

Website Address _____

Business Phone Number _____ ext _____ Fax Number _____ ext _____

Referred By _____

* Please choose the type of membership for you: Individual Membership VIP Individual Membership

VIP Organization Membership VIP Enterprises Membership Student Membership

Willing to be a volunteer? Yes

Areas of Interest: _____

* denote required field

Note: You may make the payment for membership by Paypal or cheque;

- No refund of membership fee once accepted as an CCCEA member.
- Please enclose your cheque payable to:
Canada China Culture Exchange Association
- And mail the form and cheque to:
Canada China Culture Exchange Association, CCCEA
Suite 102,
1075 Bay Street, Toronto Ontario M5S 2B1 Canada
- If you have questions regarding your application, please direct your questions to:
Phone Number: (416) 546-0833, Fax Number: (416)546-0890
e-mail Address: membership@cccea.ca
- Upon submit this application, I give my consent to Canada China Culture Exchange Association to list my name and organization through the association's publications.