

# APPLICATION FOR MEMBERSHIP

Fax: 416.987.3780  
Toll-Free Fax: 1.866.232.8385



PLEASE PRINT LEGIBLY

Company Name			
Business Address			
City		Postal Code	
Telephone		Fax	
Web Site Address			
Membership Main Contact			
Telephone	EXT	E-Mail Address	
Designate #1 Name			
Title		E-Mail Address	
Designate #2 Name			
Title		E-Mail Address	
Designate #3 Name			
Title		E-Mail Address	
<i>Please use a separate sheet for additional Designates</i>			

## CORPORATE ASSOCIATE MEMBERSHIP

I hereby apply for membership for the Company stated herein as a Corporate Associate Member of the Independent Mortgage Brokers Association of Ontario (IMBA) as defined in the Association's By-laws.

### Declaration:

The undersigned applicant (the "Applicant"), on behalf of the company stated herein, acknowledges that the information provided herein is being provided for the purpose of qualifying as a member of the Independent Mortgage Brokers Association of Ontario (IMBA) and is, to the best of the Applicant's knowledge, true and correct. The Applicant acknowledges that the information provided herein may be relied upon by IMBA's Directors, in their sole discretion, to approve the company and its Designates for membership in IMBA and the Applicant agrees that the Applicant and Designates shall abide by the "Code of Ethics" adopted by IMBA. The Applicant hereby authorizes IMBA to make all inquiries necessary to verify the accuracy of statements made herein. IMBA values the privacy of its Members. All information collected and retained is done so in accordance with IMBA's Privacy Policy. By submitting this form, the Applicant is giving IMBA consent to use the information supplied for the purposes specified. The full Privacy Policy is available on IMBA's web site at [www.imba.ca](http://www.imba.ca).

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PAYMENT FOR MEMBERSHIP MAY BE MADE BY CHEQUE OR CREDIT CARD

**\*MEMBERSHIP FEES:** \$375.00, plus HST for a Corporate Membership, which includes 3 Designates  
\$100.00, plus HST for each additional designate.

**\* IF PAYING BY CHEQUE,** please forward the completed application and a cheque, including HST, made payable to:

**Independent Mortgage Brokers Association of Ontario - IMBA Membership; 2950 Keele Street, Suite 103; Toronto, Ontario; M3M 2H2**

**\* IF PAYING BY CREDIT CARD,** please fax the completed application to: 416.987.3780

PLEASE CHECK ONE AND PLEASE PRINT LEGIBLY

VISA  MasterCard  Amex

Credit Card #:	
Expiry Date (mm/yy):	
Security Code: (on back of card)	
Name on Card: (ex. "John A Broker")	
Signature: I authorize the costs to be charged to my credit card.	
EMAIL ADDRESS: (FOR CREDIT CARD RECEIPT)	