



Capital Business Association

Membership Application

Application Date: _____

Applicant's Name:

Last Name: _____

First Name: _____

Business Name: _____

Applicant's Position / Title: _____

Business Classification: _____

Business Products and/or Service: _____

Business Information (size / # of employees, etc):

Business Address: _____ City: _____

Postal Code: _____

Phone #: _____ Fax #: _____ Cell #: _____

Email: _____ Web Site: _____

Home Address: _____ City: _____

Postal Code: _____

Home Phone #: _____ Other #'s _____

Applicant Profile: (Tell us about yourself)

Referred by: _____

Alternate Member: _____

Note: All information is confidential and will not be used for any other purpose than cBa records.

Send Application to:

Membership Director, 13 Sheldrake Drive, Kanata, Ontario, K2L 1S5

Make Cheque payable to: Capital Business Association