



# 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: \_\_\_\_\_

PCode: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
PCode: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Other #'s:  
\_\_\_\_\_

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**Applicant Profile: (Tell us about yourself)**

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**Referred by:** \_\_\_\_\_

**Alternate Member:**

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

**Send Application to: P.O. Box 45554,3151 Strandherd  
Dr., Nepean, ON K0J 0P9 / Cheques payable to: Capital Business  
Association**