



Junior Chamber International Canada

New Member or Member Renewal Form

Please complete the information below and return it to your chapter for processing with the National Office
Date of birth must be included.

APPLICATION TYPE:			
New: _____	Update: _____	Renewal: _____	Transfer: from _____ to: _____
PERSONAL INFORMATION:			
Last Name: _____			Sex (circle): Male/Female
First Name: _____		Mailing Address: _____	
City: _____	Province: _____	Postal Code: _____	
Phone #: _____	Fax #: _____		E-mail: _____
Date of Birth: (MM/DD/YY): ____/____/____			
BUSINESS/EMPLOYMENT INFORMATION:			
Company Name: _____		SIC #: _____	
Title: _____			
Address: _____			
City: _____	Province: _____	Postal Code: _____	
Phone #: _____	Fax #: _____		E-mail: _____
Description (max. 10 words): _____			
CHAPTER INFORMATION:			
Date Joined: (MM/DD/YY) ____/____/____		Chapter: _____	
Member #: _____		Position in Chapter: _____	
Fellow #: _____		Senator #: _____	
PAYMENT METHOD:			
Cheque: _____			
VISA: _____		Expiry Date: _____	
Authorizing Signature: _____			

JCI Canada Privacy Policy

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