



Membership Registration Form

The members of Canadian Marketing Association - Manitoba Chapter represent small-to-large Manitoba businesses. Their common goals are sharing marketing information, learning about new marketing ideas and technologies, and promoting business.

CMA Manitoba strives to provide Manitoba marketing professionals in with knowledge and professional development within the marketing community. We acknowledge all marketing disciplines, and bring people together for networking and business opportunities. The CMA Manitoba is a division of the CMA National.

Becoming a CMA Manitoba member means reduced prices to attend CMA Manitoba events, exclusive access to the Members Only section of our website (where you'll be able to network with your peers and access a wealth of marketing resources and information), first right of refusal on all sponsorship opportunities, and one vote at our Annual General Meeting (AGM).

Memberships are not transferable between employees from the same business, company or organization. Each member from your organization is added at a reduced rate. For student rates, or for additional members beyond six, email info@cmamanitoba.com.

| Organization Information | | | Membership Dues |
|--------------------------|-----------------|-------------|-----------------|
| Company Name | Website Address | | |
| Mailing Address | | | |
| City | Province | Postal Code | |
| Member #1 | | | \$99.00 |
| Name | Title | | |
| Email Address | Telephone | | |
| Member #2 | | | \$89.00 |
| Name | Title | | |
| Email Address | Telephone | | |
| Member #3 | | | \$79.00 |
| Name | Title | | |
| Email Address | Telephone | | |
| Member #4 | | | \$69.00 |
| Name | Title | | |
| Email Address | Telephone | | |
| Member #5 | | | \$69.00 |
| Name | Title | | |
| Email Address | Telephone | | |
| Member #6 | | | \$69.00 |
| Name | Title | | |
| Email Address | Telephone | | |
| Total Dues | | | |

Please mail, fax or email this form to:

CMA Manitoba Chapter
 Mail: P.O. Box 1973
 Winnipeg MB R3C 3R3
 Phone: 204-284-5642
 Email: info@cmamanitoba.com
 Fax: 204-885-1983

Payment Preference

Please invoice me Cheque attached

VISA Mastercard

Card Number _____ Exp ___ / ___

Name on Card _____

Company (if applicable) _____

Billing Address on Card _____

City _____ Prov _____ Postal Code _____

