

ASSOCIATE MEMBERSHIP APPLICATION

1. COMPANY INFORMATION

This firm hereby applies for Associate Membership in CIFFA, and requests that the persons listed hereafter as its representatives. If admitted, the firm and its representatives will be governed by the present and future By-laws of the Association and the Code of Conduct and undertake to pay such fees as may be properly authorized.

Every CIFFA member pledges to abide by this professional code of conduct, which states:

- The CIFFA member must discharge their duties with honesty and integrity.
- The CIFFA member pledges a standard of competence to their client, to perform in a conscientious, diligent, and efficient manner, services undertaken on the client's behalf.
- The member pledges to hold in strict confidence, all information acquired during the course of the relationship concerning the business and the affairs of their client. No such information is to be divulged unless authorized by the client or required by law.
- The CIFFA member agrees to observe all relevant laws of Canada regarding the movement of goods entrusted to them.
- The CIFFA member owes a duty to their client, not to withdraw their services, except for good cause, and upon appropriate notice.

Head Office Location

Date of Application: _____ Name of Firm: _____

Head Office Address: _____

City: _____ Province: _____ Postal Code _____

Country: _____

Telephone: _____ Fax: _____ Toll Free: _____ Toll Free Fax: _____

General Email: _____ Website: _____ No. of Locations: _____

No. of Employees: _____ Has the organization been in business for at least 24 months? (Mandatory) _____

2. COMPANY BRANCH LOCATIONS

Fill out this section if you wish to list another location to be displayed on CIFFA.com and if you would like us to send The Forwarder magazine and other promotional materials to this location. You can add/change branch information by contacting the Membership Coordinator at membership@ciffa.com at a later date.

Location Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____ Fax: _____

Primary Contact: _____
Name Title Email

Secondary Contact: _____
Name Title Email

3. COMPANY REPRESENTATIVES (All fields are mandatory – one person can fulfill more than one role)

Senior Officer:

Name	Title	Email
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Second Senior
Officer:

Name	Title	Email
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Designated
Representative:

Receives all the direct
communications from
CIFFA

Name	Title	Email
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Web Editor:

Responsible for updating
company contact information
on the CIFFA website

Name	Title	Email
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HR Contact:

Responsible for registering
employees for courses,
updating eBulletin
subscription

Name	Title	Email
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Accounting
Contact:

Contact person in your
Accounts Payable Department
responsible for processing
invoices

Name	Title	Email
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NOTE: At least two senior contacts must be provided.

4. ASSOCIATE CATEGORY

Associate Categories (Choose One Only)			
Advertising / Consulting / Marketing / Research		Fuel Suppliers	
Air Carriers		Law Firms	
Air Carriers (General Sales Agent)		Marine Surveyors	
Banks and Foreign Exchange		Ocean Carriers and Agents	
Cargo Insurance		Packaging	
Customs Brokers		Personnel Recruitment	
Dock Terminal Operations		Port/Airport Authorities	
Documentation Firms		Rail	
IT/Software/E-Commerce		Security	
Educational Partners		Trucking and/or Warehousing	
Other: Please specify:			

5. HOW DID YOU LEARN OF CIFFA?

CIFFA Website Trade Magazine A Current CIFFA Member CIFFA Business Development

Other, Please Specify:

6. CIFFA AFFINITY PROGRAM PARTICIPATION

The CIFFA Affinity Program is designed for the benefit of all CIFFA members. The primary goal of this program is for all members to receive discounts or other cost-saving options to provide added value to the CIFFA Regular and Associate Memberships.

Participation in the CIFFA Affinity Program is another way to promote your brand to CIFFA members across the country.

- Yes, I want to offer a discount to CIFFA Members.
 No, I don't want to offer a discount to CIFFA Members at this time.

7. CIFFA PRIVACY STATEMENT

CIFFA's Mission is to represent and support members of the Canadian international freight forwarding industry in providing the highest level of quality and professional services to their clients. To achieve this mission, CIFFA focuses on Membership, Education and Advocacy – all of which require the collection and use of personal information. CIFFA respects an individual's right to privacy and makes every effort to ensure that information is protected. This privacy policy applies to all personal information provided to CIFFA. For CIFFA's complete Privacy Policy please visit <https://ciffa.com/privacy-policy/>.

8. CANADIAN ANTI-SPAM LEGISLATION CONSENT

By completing this application and upon approval, the applying firm and its employees agree to receive emails and other forms of electronic communications from CIFFA which may include information such as: events, announcements, training information, and other messages related to the day-to-day business of membership with CIFFA. Please visit the CIFFA website to review our [Legal](#) and [Privacy](#) policies.

9. APPLICANT FIRM AUTHORIZATION

We hereby certify that _____ does not conduct cross-border freight Brokerage, international freight forwarding or cartage/drayage operations, and in no way could be perceived by the shipping public as an international freight forwarder, load brokerage or cartage/drayage company.

Name of Company Official: _____ Title of Company Official: _____

Signature of Company Official: _____ Date: _____

10. MEMBERSHIP FEES & PAYMENT OPTIONS - PAYMENT MUST ACCOMPANY APPLICATION

Current CIFFA annual Associate Membership Fee effective January 1, 2016 is \$770.00 plus applicable tax(es).
The application fee will be refunded if the application is not accepted for membership.

ON, NB, NL	13% HST	Please add applicable taxes for the province of head office location (see left)	Membership Fees:	\$770.00
NS	15% NSST		HST:	
PE	14% HST		GST:	
QC	5% GST + 9.5% QST		NSST:	
AB, SK, YUK, BC, NT & NU	5% GST		QST:	
MB	5% GST		Total Amount Due:	
International	No tax			

CREDIT CARD PAYMENT OPTIONS (Select one option)						
Credit Card Type:	<input type="checkbox"/>	AMEX	<input type="checkbox"/>	Visa	<input type="checkbox"/>	MasterCard
Name of Cardholder:						
Card Number: (no spaces)						
Security Code: (3 or 4-digit number on back of card, front of card for AMEX)						
Expiry Date: (MM/YY)						
Signature of Cardholder:						

OTHER PAYMENT OPTIONS (Select one option)					
Cheque	<input type="checkbox"/>	Email Transfer	<input type="checkbox"/>	Bank Transfer	<input type="checkbox"/>
Make cheque payable to: CIFFA 480 - 170 Attwell Drive Toronto ON M9W 5Z5 (Attach application if mailing a cheque.)		accounting@ciffa.com		Details available upon request.	

CIFFA Business Number: R122975436

FOR CIFFA OFFICE USE ONLY

Credit Card Authorization No.: _____ Date Processed: _____ Initials: _____

Date Application Approved: _____