**Group Membership Application Form**

**Payment Preferences:** Credit Card [ ]  EFT \* [ ]

**\***Payment instructions and information for completing EFTs are available on the invoice.

**Contact to send QuickBooks invoice to:**

Name:

Email:

Individual memberships can be combined for preferred pricing options within your organization. The more members that join from your organization, the better the individual price!

* GROUP RATE ($425+ tax /person: 6+ members)

**Please complete the following information for all members you would like to add or renew for membership with ACG Toronto or ACG Quebec. Please highlight any members that would like to register for membership with ACG Quebec.**

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| --- | --- | --- | --- | --- | --- |
| **Full Name** | **Email**  | **Company** | **Address** | **Cellphone** | **Role** |
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Please forward completed application forms, and any questions, to toronto@acg.org

Thank you for your support of ACG Toronto and ACG Quebec!