

Signature

## **MEMBERSHIP APPLICATION**

chapter/region affiliation: Toronto

please make cheque out for \$182.00, payable to NEWH and mail/email to:

NEWH Membership 2840 Sideroad 10, PO Box 633 Beeton, Ontario L0G 1A0 fax 905.729.0884

ersonal informa	lion:					
last name:			home address:		apt:	
first name:			city:			
middle initial:			province:	po	ostal code:	
			phone:			
date of birth:			personal email:			
spouse/ significant other:			mailing p	reference: h	ome: business:	
usiness informat	ion:					
YEAR entered industry	/:		position:			
type of busines: i.e., design, sales, hotel managemen	S:		company:			
manufacturing, procurement, et			address:		suite:	
occupation brief description for use in Membershi	p		city:			
Directory	y		province:	р	ostal code:	
			phone/ext:			
			alt. phone:			
			fax:			
			cell:			
type of product or service Where would you like to be listed in th	:		business e-mail:			
Resource Section of the Director			web address:			
please list t	wo (2) industry referer	nces who have k	known or worked with y	ou for at least on	e (1) year.	
name: co		company:			phone:	
In applying for n	nembership in the NEW	H, Inc., I attest t	of Applicant o the accuracy of the in	formation in this a	application and	
	all within my power to	maintain and en	hance the integrity and			
signature:					ate:	
please submit photo for Memb <b>By su</b> l			newn.membersnip@newn.o ow NEWH, Inc. to use it fo			
Only your business information	will be included in the NEV	VH, İnc. Membersh	vill not be given, sold or rente ip Directory. By applying for and Member Logo Policy - se	· NEWH membership	, you are agreeing to opt-in to	
Cheque # payable i	o NEWH Visa	MC				
			Amt: \$	Exp Date	CVC Code	
rd number						
rint name as shown on card			Billing Street Addr	Billing Street Address		

Billing City

Province

Postal Code