CANADIAN PHLEBOTOMY TECHNICIANS GROUP INC.

P.O BOX 36060 NORTHGATE, BRAMPTON, ON L6S 6A3, CANADA

E-Mail: info@mycptg.ca Phone: 1 (416) 817-9516 Fax: 1 (905) 216-3339

CPTG MEMBERSHIP APPLICATION FORM

1. CANDIDATE INFORMATION

TITLE:			
First NAME:			
LAST NAME:			
ADDRESS:			
CITY:		**PROVINCE:**	
POSTAL CODE:		**COUNTRY:**	
E-MAIL:			
PHONE:			
JOB TITLE/POSITION:			
PROF. DESIGNATION:			
MEMBERSHIP ID:			

2. PAYMENT METHOD

CERTIFIED CHEQUE:	☐	All cheques and bank drafts should be made payable to **CANADIAN PHLEBOTOMY TECHNICIANS GROUP INC.** and should be sent along with this application form. If paying by cheque, please note that we accept certified cheques only.	**AMOUNT DUE** **CAD 129.00** PLUS APPLICABLE TAXES
BANK DRAFT:	☐		
BY CARD:	☐		
CARD TYPE:			
CARD PROVIDER:			
CARD NUMBER:			
HOLDER'S NAME:			
EXPIRY (MM/YY):		**CVV:**	

I _____, authorize **CANADIAN PHLEBOTOMY TECHNICIANS GROUP INC.** to charge CAD 129.00 + applicable taxes to the credit card indicated in this authorization form. I understand that the amount being charged is the fee for annual CPTG membership. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.

By signing this form, I agree to all the terms and conditions of **CANADIAN PHLEBOTOMY TECHNICIANS GROUP INC.**		
	DATE	**SIGNATURE**

PRINT CLEAR