MEMBERSHIP APPLICATION

Canadian Anti-Counterfeiting Network (CACN)

Background Information				
Name				
Mailing Address				
Type of Business/Industry Segment	Company Website			
Main Contact Name & Position Title				
Main Contact's Address (if different than above)				
Phone	Email			
	the types of counterfeiting activities that lustry has encountered (if applicable):			
May we publish your company name on the membership listing on the CACN Website?	CACN publishes a monthly e-newsletter and communicates regular updates electronically. Please check the box below if you are interested in receiving the newsletter and updates from CACN.			
☐ Yes ☐ No	Yes, I consent to receiving email communications from CACN Who else from your organization would be interested in receiving email communications? Please list email addresses below:			
Ca Ca	anadian Réseau			

Anti-Counterfeiting anti-contrefaçon

canadien

Network

Membership Fee				
The annual membersl (Registration # 1007 6	•	75.00 CDN plus HST (tota nt can be made by:	l: \$1,779.75 CDN)	
Cheque - made p	payable to: Ca	nadian Anti-Counterfeiti	ng Network	
OR				
☐ Credit Card	□ VISA	☐ MasterCard	☐ Amex	
Credit Card Number:			Expiry:	
The undersigned here	by applies for	membership in the Cana	dian Anti-Counterfeiting Netv	vork:
Signature:	Date:			
Full Name (printed): _				
	Please se	end the completed form	by mail, e-mail or fax to:	
		Canadian Anti-Counter	eiting Network	
		Attn: Swati Vora-Pate	el, Secretariat	
		190 Attwell Drive,		
		Toronto, ON M		
		Email: <u>secretariat</u>	@cacn.ca	