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 ustry has encountered (if applicable):			
May we publish your company name on the membership listing on the CACN Website? Per No	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, 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:			



N	Nembership Fee		
	he annual membership fee is \$1,57 Registration # 1007 66146). Payme	• •	al: \$1,779.75 CDN)
[☐ Cheque - made payable to: Ca	nadian Anti-Counterfeit	ng Network
0	OR .		
	☐ Credit Card ☐ VISA	☐ MasterCard	☐ Amex
	Call credit card information into	o: Rina Lal, at 647-260-30	085
С	redit Card Number:		Expiry:
Т	he undersigned hereby applies for	membership in the Can	adian Anti-Counterfeiting Network:
S	Signature: Date:		
F	ull Name (printed):		
	Please	send the completed for	m by mail or e-mail to:
		Canadian Anti-Counter	feiting Network
		Attn: CACN Sec	retariat
		190 Attwell Drive	
J		Toronto, ON M	9W 6H8
		Email: secretariat	