



APPLICATION FOR MEMBERSHIP

I/We hereby apply for full membership and agree to be governed by the Constitution and By-Laws of the Association

Name of Company: _____

Address: _____ City: _____, ON

Postal Code: _____ Telephone #: _____ Fax #: _____

E-Mail Address: _____ Contact: _____

Type of Business: (Please check one)

Independent Franchise Dealership Corporation Other: _____

Number of years in operation: _____, Other location(s): _____

Full name of Applicant: _____ (PLEASE PRINT CLEARLY) Title: _____ (PLEASE PRINT CLEARLY)

(SIGNATURE) Date: _____

MASTERCARD CARD NO. _____
 VISA NAME: _____
 AMERICAN EXPRESS EXP DATE: _____
 CHEQUE (Payable to CIIA)

Please check off the Association that you would like to apply for Membership in:

Collision Industry Information Assistance (ciia.com)
*(This includes Kawartha, Northern Ontario,
North-western Ontario, Sarnia, London, and Windsor)*

Single Location Facility
Cost: \$508.50 HST Included

Ontario Wide Corporations
Cost: \$1130.00 HST Included

Hamilton District Autobody Repair Association (HARA)

Single Location Facility
Cost: \$508.50 HST Included

Ontario Wide Corporations
Cost: \$1130.00 HST Included

*** Please mail cheque with completed application to:
P.O. Box 47594, Centre Mall
Hamilton, ON L8H 7S7**

All applications for membership are subject to the approval of the Board of Directors

Phone: 1-866-309-4272 Fax: 1-866-286-8160 E-Mail: info@ciia.com Websites: www.ciia.com and www.autobodyhelp.ca