

COMPANY ADDRESS

Company Name:

Corporate Address:

Number of Canadian Employees:

City:	Province/ State:	Postal Code:
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Canadian Address: (IF DIFFERENT FROM ABOVE)

City:	Province:	Postal Code:
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Website:	Phone:	Sector:
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Current CDN Revenue (Range is acceptable):	CDN Twitter:	CDN LinkedIn:
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CEO/PRESIDENT INFORMATION

THE CEO WILL HOLD AN AFFILIATE BOARD OF GOVERNORS (BOG) POSITION, OR MAY APPOINT A SENIOR CANADIAN EXECUTIVE IN HIS/HER PLACE. PLEASE NOTIFY YOUR ACCT MANAGER.

Name:	CEO's Twitter:
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E-mail:	Phone:	Phone Ext:
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DESIGNATED REPRESENTATIVE

DESIGNATED PERSON TO RECEIVE AND DISTRIBUTE TIMELY INFORMATION TO ALL INTERNAL STAKEHOLDERS AT YOUR COMPANY

Name of Designated Representative:

Title:	Department:
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E-mail:	Phone:	Phone Ext:
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INVOICING DETAILS

Person to receive invoice:	Department:
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E-mail:	Phone:	Phone Ext:
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Person to send a copy of invoice:	Alternate Email:
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Special Instructions for Invoicing:

- Use Corporate Address Use Canadian Address
- For processing purposes, what is your turnaround time for payment of membership, once invoice is issued?
- For processing purposes, indicate who else should receive the invoice:

Useful Contact Information

For Engagement purpose, please list the names and email addresses of the following key stakeholders:

CIO:	
CFO:	
Human Resources:	
Sales/Marketing:	
Internal Communications:	
External Communications:	

Business Objectives

Please Indicate your top 3 objectives that you hope to achieve through your TECHNATION Membership

Enterprise Group (CDN Co's 100% owned)

List the companies that are currently part of your Enterprise Group and would like to extend the TECHNATION member benefits to:

SPONSORSHIP

SPONSORSHIP IS A GREAT WAY TO EXTEND YOUR REACH THROUGH VARIOUS DISTRIBUTION CHANNELS THAT OTHERWISE WOULD NOT BE EASILY ACCESSIBLE

- Secure sponsorship opportunities in advance. We can work with your budget. Check box to explore how to develop your brand and extend your reach.

MEMBERSHIP RENEWAL PROGRAM

Payment Options	Description	Select ONE Option
Customize Renewal Program	Tailor membership payments & how you receive your invoices prior to your membership expiry. Please indicate preferences.	
Pre-Authorized Automatic Membership Renewal Program	Reduce your administration/time through a Pre-Authorized Credit Card Renewal Process.	
Two (2) Year Membership Program	Speak to your account manager about financial incentives available.	

REFERRAL

DO YOU KNOW SOMEONE WHO MAY BENEFIT FROM AN ITAC MEMBERSHIP THAT YOU WOULD LIKE US TO CONTACT?

Company/Name:	E-mail/Phone:
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By joining TECHNATION, you allow TECHNATION to contact you to provide you with information on the Association and its initiatives, and list you as a member on the ITAC website. The information you provide is confidential and is only used by ITAC for the purposes of communicating the benefits and services of membership. **Please Note:** your membership support is the lifeblood of this association and we rely heavily on your membership fees to provide programs and activities; However, should there be any delays in your future membership renewal payments, please notify us 60 days prior to your membership expiry date.

Name: _____ Signature: _____ Date: _____