



Receivables Management Association of Canada Inc.

Membership Information

Membership Period

The membership year for Receivables Management Association of Canada Incorporated (herein referred to “RMA Canada”) is for a period of one year commencing on March first of each year .

Membership Classifications

Corporate Full Membership

This class of membership is for all for-profit organizations. The benefits of full membership include voting rights, and the opportunity to participate in committee, board and executive functions within RMA Canada.

- Up to 4 members who can be identified as members from the company.

Affiliate Membership

This class of membership is intended only for Government, Regulatory, Non Profit, Trustees and Debt Settlement entities. The benefits of affiliate membership include direct association in the business of RMA Canada. Affiliate members do not have voting rights, or the opportunity to participate in committee, board or executive functions within RMA Canada

Individual Membership: *

The benefits of full membership include voting rights, and the opportunity to participate in committee, board and executive functions within RMA Canada.

* In the event you are employed in the industry segment which falls in the category of Affiliate and choose an individual membership status, you will still be subject to no voting rights, or the opportunity to participate in committee, board or executive functions within RMA Canada.

RMA Canada Governance

Applicants and members agree to abide by RMA Canada’s governing documents including but not limited to RMA Canada’s Policies and Procedures, Code of Ethics, as well as its Procedural and Ethics Rules.

Contact Us

RMA Canada’s Membership or Executive Committee is available to answer your questions about RMA Canada membership and/or its application process.



How to Apply

- Complete our application with your information and sign your application. By signing the application, you agree to the terms and conditions of RMA Canada's Application and Membership Agreement.
- Send the signed and completed application with the applicable membership dues. Your application is not complete until your payment is received. You will receive confirmation within 1 business day.
- **Mail to:**
Receivables Management Association of Canada Inc.,
Membership Department
141 Adelaide Street W., Suite 440
Toronto, ON M5H 3L5

Your Privacy

The information you provide in your application will be used by RMA Canada to determine your eligibility for membership. Your information will not be sold or shared with other organizations without your consent.



Receivables Management Association of Canada Inc.

Corporate/Affiliate Membership Application Form

Note: please notify RMA Canada if any of the information you provide changes after submitting this application.

Section A: Applicant Company Information

1. Company Legal Name

2. Company Name, as applicant, to be reported in the RMA Canada Directory

3. Mailing Address

Street

City

Province

Postal Code

4. Company Website

5. Type of Business:

Please specify: _____

6. How did you hear about RMA Canada?



Section B: Business Information

1. Type of Company

- | | |
|------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Government |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Regulatory |

Other (please specify): _____

For Government or Regulatory applicants, or for Public Corporations with greater than 500 employees, please go to Section C.

2. List of owners with greater than 25% ownership share of non-public entity.

Name	Title:	Ownership %
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Name	Title:	Ownership %
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Name	Title:	Ownership %
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3. Do any owners hold greater than 25% ownership in any other RMA Canada member company?

- No
- Yes, please specify details:



Section C: Contact Person(s) for RMA Canada Membership

Primary Contact – designated person to receive all member mail, faxes, email, and shall forward the required communication to other members within the organization.

Name

Title

Direct Phone# Mobile#

Email

Preferred Billing Contact – designated person to receive membership invoices and renewals.

- Check if same as primary contact or enter details.

Name

Title

Direct Phone# Mobile#

Email

Section D: Membership Dues Statement

RMA Canada dues for one year period March 1, _____

Annual Dues: Corporate Full Membership

- Corporate Memberships \$750 CAD

Annual Dues: Affiliate Membership

- For Government, Regulatory and Non-Profit entities only
350.00 CAD

Please make your cheque payable to RMA Canada for the full amount.



Section E: Membership Agreement and Signature

The undersigned, on behalf of the applicant and its employees, agrees:

- The undersigned has read and agrees to be bound by RMA Canada's governing documents, including but not limited to RMA Canada's Policies and Procedures, Code of Ethics, as well as its Procedural and Ethics Rules.
 - To use RMA Canada's name and logo only in full compliance with Association policies, and to cease use if membership ends or is terminated for any reason.
 - Membership is non-transferable. Membership dues are not refundable except when RMA Canada determines an application is denied.
 - References may be required.
 - To notify RMA Canada if any of information provided in this application changes after it is submitted. If any of the information becomes obsolete or inaccurate, the membership process may be delayed or membership may be denied.
 - All statements and information provided in this application are true to the best of my knowledge. The undersigned has verified the accuracy of the statements and information in this application.
 - The undersigned has the authority to sign this application and bind the company to its terms and conditions.
 - That RMA Canada may complete a Corporate search in the event it is required to approve the application for membership.
 - RMA Canada, where applicable, will be advised of any material changes in the ownership/infrastructure of the applicant company
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- Please check here if you wish to assist RMA Canada in some capacity.

Signature

Date

Print Name

Title

Direct Phone#
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Mobile#

Revised June 9, 2011