



Receivables Management Association of Canada Inc.

PERSONAL INFORMATION:

First Name:

Middle Name:

Surname:

Gender:

Home Address:

City or Town:

Province:

Postal Code:

Home Phone: - -

Email Address:*

You will receive confirmation of your enrollment through email.
Please make sure your email address is correct.

EMPLOYMENT INFORMATION:

Company Name:

Position Title:

Industry:

Designation:

Business Address:

City or Town:

Province:

Postal Code:

Business Phone: - - ext.

Business Fax: - -

Work Email Address:

Responsibility Scope:

Receivable Responsibilities:

To be included in the membership roster you must be a current paid member.

*Membership is not dependent on the age of the applicant provided that he or she has attained legal age.

By submitting this application you acknowledge and declare that contingent upon being admitted as member of Receivables Management Association of Canada (RMA Canada), you agree to be bound by the provisions of RMA Canada and to abide by the General By-Laws and Standing Rules, and to comply with the Code of Ethics.

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.