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## MEMBERSHIP APPLICATION

*Applicants shall be reliable and ethical companies operating in the automotive industry who have a regularly established place of business in Canada.*

### Please print or type

Company name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

Title: \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_

Title: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Membership Category: \_\_\_\_\_

Dues Amount:    \$ \_\_\_\_\_    GST/HST: \$ \_\_\_\_\_    (GST# 871215265RT0001)

Total Payment:    \$ \_\_\_\_\_

***(Please make cheque payable to the Motorist Assurance Program of Canada)***