

NATIONAL GROOMER ASSOCIATION OF CANADA MEMBERSHIP APPLICATION FORM



2501 Guelph Line Unit # 11
Burlington, ON Canada L7M 2A3
Phone: 289-288-0487
Toll Free: 1-855.825.8825

NOT FOR PROFIT FEDERAL CORPORATION #822199-5

Personal Information (Please Print Clearly)

Mr. _____ Mrs. _____ Miss. _____ Ms. _____

E-mail: info@nationalgroomer.com

Name: _____ Date of Birth: _____

www.nationalgroomer.com

Home Phone: _____ Cell Phone: _____

E-mail: _____

Home Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

Business Information

Business Name: _____ Bus. Phone: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

E-mail: _____ Website: _____

Membership Information Package

Please select your Annual Membership Package.

Option #1 General Membership \$250 _____

Includes \$50,000 Accident Insurance

Groomer, VetTech, Pet Care/trainer/Walker, Individual

I have read the National Groomer Association of Canada's Code of Ethics and agree to abide by them. I give the National Groomer Association of Canada permission to charge my credit or debit card for the purpose of purchasing a National Groomer Association of Canada Membership.

Signature: _____

Option #2 General and Business Membership Combo \$350 _____

Includes both Accident Insurance for the individual as well as Group

Buying Power Discounts on Commercial Insurance and includes Business

Listing on Website

Date: _____

Membership Renewal please provide Membership Number: _____

Tax % for your province _____

Method of Payment

Visa _____ MC _____ Card # _____ Exp _____ Total+Tax: _____

Name Of Card Holder: _____

****Please Note: Credit and Debit card payments can be made directly through Pay Pal via www.nationalgroomer.com**

Thank you for choosing the NGAC. Membership is non-transferrable and subject to revocation.

The information given on this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Office Use Only Date Processed: _____ Payment Received and Invoiced: _____

Assigned Membership# _____ Initials _____