

CSIP REGISTRATION FORM

1. Applicant Information

Member ID: _____
First Name: _____ Last Name: _____
Brokerage (for shipping): _____
Address: _____
City: _____ Postal Code: _____
Email: _____ Phone: _____

2. Select CSIP Module

<input type="checkbox"/> Module 1	<input type="checkbox"/> Module 2	<input type="checkbox"/> Module 3	<input type="checkbox"/> Module 4
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3. Complete Mentor Information (all applicants must have a designated mentor to enroll in the program)

Mentor: _____
Brokerage: _____
RIBO #: _____ Position: _____
Email: _____ Phone: _____
Signature: _____

4. Payment Options

Fee Enclosed (please refer to website for fees): \$ _____			
<input type="checkbox"/> Brokerage Cheque	<input type="checkbox"/> Certified Cheque	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Card #: _____	Card Expiry: _____		
Cardholder: _____			

5. Applicant Declaration

I _____ confirm that the above information is correct.

Signature

Date