



New Membership Registration

REGISTRATION

Please email this form to info@mycspn.com or fax it to 905-940-1278 (Markham) – Secure Fax

Registrant Information:

Name:			
Title:			
Company Name:			
Business Phone:		Ext.	Cell:
Email Address:			
Company Address:			
City:		Province/State:	
Country:		Postal/Zip Code:	

Membership Types (please check):

<input type="checkbox"/> Individual (\$150 + HST)	<input type="checkbox"/> Corporate (<50) (\$575 + HST)	<input type="checkbox"/> Corporate (>50) (\$750 + HST)	<input type="checkbox"/> Vendor (\$1,500 + HST)
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Cost in Canadian Dollars + HST

Cheque

Please make cheques payable to “Customer Service Professionals Network” and mail to the attention of:
“Customer Service Professionals Network”
25 Royal Crest Court – Suite 201
Markham, ON L3R 9X4

For any other programs, please contact us at 905-477-5544 or email us at info@mycspn.com



Credit Card Payment Authorization

CREDIT CARD PAYMENT AUTHORIZATION

The completion and the signing of this document by the cardholder authorize CSPN to process the following payment on my credit card.

PLEASE PRINT

Company Name:	
Cardholder Name:	
Card Number:	
Payment Option (please check)	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card
Expiration Date:	
Total Amount:	
Phone Number:	

For credit card payments, please fax this page to 905-940-1278 (Markham) – Secure Fax
Or email to info@myCSPN.com

Call us if you have any questions – 905-477-5544

Thank you!