



THE RETAIL MERCHANTS' ASSOCIATION OF CANADA (ONTARIO) INC.

10 Milner Business Crt, Suite 401, Scarborough, Ontario M1B 3C6

Tel. (416) 293-2100 Fax (416) 293-2103

E-mail: info@rmaCanada.com Website: www.rmacanada.com

APPLICATION FORM

The Undersigned applicant, as a retail merchant carrying on business in Canada, hereby applies for membership in the Retail Merchants' Association of Canada (Ontario) Incorporated. The Applicant is the owner of the retail business (es) at the following location(s)

DATE: _____

NAME OF BUSINESS (Primary Location)

ADDRESS: _____

CITY: _____ **PROV:** _____

POSTAL CODE: _____

BUS. PHONE # _____

FAX: _____

EMAIL: _____

CONTACT NAME: _____

TYPE OF BUSINESS: _____

GROSS ANNUAL SALES _____

PRINCIPAL OWNERS NAME:

APPLICANT'S FULL NAME (Please print)

AUTHORIZED SIGNATURE OF APPLICANT:

ADDITIONAL LOCATION(S)

Please list additional locations, if any, on a separate sheet and provide complete information including contact person, telephone number/fax and email addresses.

This will ensure that each location receives all pertinent information directly regarding new programs and services that RMA offers.

TERMS AND CONDITIONS

Certifies to the Association that the Applicant is a retail merchant and the actual owner of the retail Business(es) listed.

Agrees with the Association to pay promptly when due all sums charged by the Association: (late fees may apply)

Acknowledges that upon expiration or termination of the Applicant's membership in the Association, all benefits enjoyed by the Applicant as a member of the association may be cancelled by the Association; and Acknowledges that upon acceptance by the Association of this Application the Applicant will become an Ordinary member of the Association.

Acknowledges that participation in certain programs will require credit approval by RMA or by the sponsor of the program. Rebates, discounts and terms for all programs are subject to change without notice.

As per the Personal Information Protection and Electronic Documents Act (PIPEDA), which came into effect January 1, 2004, the member understands and:

Consents to the collection, use and disclosure of personal information obtained on any of the Associations' forms.

Acknowledges that personal information shall not be used or disclosed for purposes other than those for which it was collected

Allows the association to forward such information, form time to time, to existing and prospective marketers in order to participate in the marketing programs of the members choice

The Association does not sell its members' Personal information to any organization for any purpose.

This notice is subject to revisions as deemed appropriate.

OPTICIANS ASSOCIATION MEMBERSHIP FEE

Annual Membership Fee \$ 25.00

HST \$ 3.25

TOTAL PAYMENT: \$ 28.25

Payment made by cheque or bank transfer

Please complete and mail with cheques to Membership Coordinator at the above address. Thank You!