



**Canadian Chinese
Insurance Professionals
Association**

**CCIPA c/o Sovereign General Insurance
4 King Street West, 17/F.,
Toronto, Ont. M5H 1B6 Canada
Website: www.ccipa.com
Email address: info@ccipa.com**

**President : Mary Liu, FCIP CRM
Bus: 416-365-1818 Fax: 416-365-1817
Membership: Anthony Chan, MBA, FCIP CRM
Bus: 416-597-4618 Fax: 416-293-6619**

May 1, 2009

Dear Members,

The CCIPA financial year runs from May 2009 to April 2010, therefore, your current membership is now due for renewal. Please kindly renew your membership as soon as possible.

In order to ensure that our database is kept most up-to-date, please **complete the Membership Update Form below, even if there is NO CHANGE to your current information.** Please **update your email addresses** for easier future correspondence with the Association.

Members who recently joined CCIPA please check your address label on the envelop, if the code at the **label's bottom right hand corner showed "10", you do NOT need to renew your membership.**

If you have any further questions, please contact me at Tel.: (416) 597-4618/Fax: (416) 293-6619 or email me at achan99_2000@yahoo.com

Anthony Chan – Membership

To: Canadian Chinese Insurance Professionals Association (CCIPA)
c/o Sovereign General Insurance, 4 King Street West, 17/F, Toronto Ont. M5H 1B6

Individual Membership - Name _____ Position: _____

Corporate Membership - 3 Representative Names: 1, _____

2. _____ 3. _____

Company Name*: _____

Co. Address _____

Bus. Tel. No.* _____ Fax No. _____

Home Address _____

Home Tel. _____ Cell # _____ Email Add: _____

Please make your cheque payable to "CCIPA" for the amount of: **Individual Membership \$25
Corporate (Incl. 3 Reps) \$90
(Each additional rep) \$20**

Preferred mailing address: Office _____ Home _____ (option for individual membership)
*info will be displayed on CCIPA website; Please TURN OVER for Invoice.

MAY 2009 – APRIL 2010 MEMBERSHIP RENEWAL INVOICE

Date of Invoice: MAY 1, 2009

Individual Membership: Name: _____ Job Title: _____

Corporate Membership (3 Representatives): 1. _____

2. _____ 3. _____

Company Name*: _____

Co. Address: _____

Bus. Tel. No.*: _____ Fax No.*: _____

Home Address: _____

Home Tel. No.: _____ Cell #: _____ Email: _____

Preferred mailing address: Office ____ Home ____ (Individual Member only)

* info with asterisk (*) will be displayed on CCIPA website

Individual/Company Name: _____

Invoice Amount Payable

Individual Membership: \$25.00 _____

Corporate Membership (includes 3 representatives): \$90.00 _____

Add \$20 for each additional representative: \$20.00 _____

TOTAL AMOUNT PAID: (Cheque # _____) \$ _____

Please make your cheque payable to: "CCIPA" and mail it to: CCIPA C/O
Sovereign General Insurance, 4 King Street West, 17/F, Toronto ON M5H 1B6