



Canadian Chinese Insurance
Professionals Association
加華保險專業協會

c/o eon insurance 202-3950 14th Ave., Markham, ON L3R 0A9 Canada
Website: www.ccipa.com Email address: membership@ccipa.com

MAY 2020 – APRIL 2021 MEMBERSHIP RENEWAL INVOICE

Date of Invoice:

Individual Membership: Name: _____ Job Title: _____

Corporate Membership (3 Representatives): 1. _____

2. _____ 3. _____

Company Name*: _____

Co. Address: _____

Bus.Tel.No.*: _____ Contact No.*: _____

Mailing Address: _____

_____ 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 # _____) \$ _____

Payment method:

1. E-Transfer (preferred method): please email to payment@ccipa.com

2. Cheque: Please make your cheque payable to: “**Canadian Chinese Insurance Professionals Association**” and mail it to: Canadian Chinese Insurance Professionals Association c/o eon insurance 202-3950 14th Ave., Markham, ON L3R 0A9