

APPLICATION FOR AFFILIATES

Name of Home: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Fax: _____ Suite Count: _____
 Web site: _____ General Email: _____
 General Manager: _____ Email: _____

ORCA Communications will be sent to the home (as above) and the owner/management company. If there are other contacts in your organization you would like added, please notify ORCA. Please complete:

Owner: _____	Management Co: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____
Contact: _____	Contact: _____
Title: _____	Title: _____

As per Canadian Anti-Spam Legislation (CASL) requirement, please check below:

- I agree to receive email communications from ORCA, including but not limited to, information regarding changing legislation, operations bulletins, newsletters and event information.
- No, I do not wish to receive email communications from ORCA.

Payment: Fee for Affiliates: \$29.33 per suite per year (minimum \$500.00).

No. of Suites: _____ x \$29.33 (No taxes) or \$ 500 (<17 suites) = \$ _____

Method of payment: Cheque VISA MC American Express

Card No: _____ Expiry Date: _____ CVC: _____

Card Holder's Name: _____ Signature: _____

- I have read and agree to adhere to the Affiliate Values
- I have read and signed the Memorandum of Understanding and return with application
- I agree to adhere to the Terms of Use for The Learning Centre as signed at initial access.

Signed: _____ Date: _____

Complete and return forms by fax: 905-829-1594 or email (scan) to ania@orcaretirement.com