



MEMBERSHIP APPLICATION

COMPANY LEGAL NAME

CONTACT PERSON
(Member's Representative)

NAME

Email
Address

MEMBERSHIP CATEGORY (Principal Business) – Please check one (1) category only

- | | | | |
|----------------------------------|--------------------------|---|--------------------------|
| Canadian Customs Broker | <input type="checkbox"/> | US Customs Broker | <input type="checkbox"/> |
| Carrier of International Freight | <input type="checkbox"/> | International Bridge or Tunnel Operator | <input type="checkbox"/> |
| Associate Member (non-voting) | <input type="checkbox"/> | | |

HEAD OFFICE PHYSICAL ADDRESS

HEAD OFFICE MAILING ADDRESS

Address _____

 City _____
 Prov/State _____ Postal/Zip Code _____
 Tel _____
 Fax _____

Address _____

 City _____
 Prov/State _____ Postal/Zip Code _____
 Web Site _____

COMPANY OFFICERS & DIRECTORS

Name _____
 Title _____

 Name _____
 Title _____

Name _____
 Title _____

 Name _____
 Title _____

PRINCIPAL SHAREHOLDERS (10% OR GREATER)

Name _____
 Name _____

Name _____
 Name _____

BRANCH OFFICE or TERMINAL LOCATIONS
Additional to Head Office Location

Address 1	_____	Contact	_____
Address 2	_____	Tel	_____
City	_____	Fax	_____
Prov/State	_____ Postal/Zip Code _____	eMail	_____

Address 1	_____	Contact	_____
Address 2	_____	Tel	_____
City	_____	Fax	_____
Prov/State	_____ Postal/Zip Code _____	eMail	_____

Address 1	_____	Contact	_____
Address 2	_____	Tel	_____
City	_____	Fax	_____
Prov/State	_____ Postal/Zip Code _____	eMail	_____

Address 1	_____	Contact	_____
Address 2	_____	Tel	_____
City	_____	Fax	_____
Prov/State	_____ Postal/Zip Code _____	eMail	_____

Address 1	_____	Contact	_____
Address 2	_____	Tel	_____
City	_____	Fax	_____
Prov/State	_____ Postal/Zip Code _____	eMail	_____

Address 1	_____	Contact	_____
Address 2	_____	Tel	_____
City	_____	Fax	_____
Prov/State	_____ Postal/Zip Code _____	eMail	_____

Address 1	_____	Contact	_____
Address 2	_____	Tel	_____
City	_____	Fax	_____
Prov/State	_____ Postal/Zip Code _____	eMail	_____

Address 1	_____	Contact	_____
Address 2	_____	Tel	_____
City	_____	Fax	_____
Prov/State	_____ Postal/Zip Code _____	eMail	_____

Address 1	_____	Contact	_____
Address 2	_____	Tel	_____
City	_____	Fax	_____
Prov/State	_____ Postal/Zip Code _____	eMail	_____

Please reproduce & complete additional pages as necessary

MEMBERSHIP APPLICATION

WE/I _____

hereby apply for membership in the Association of International Customs and Border Agencies/Association des courtiers et intervenants frontaliers internationaux.

WE/I hereby pledge, agree and undertake if admitted:

1. *To abide by all present and future AICBA/ACIFI bylaws and codes of ethics, and that all transactions in which services are provided as a Canadian Customs Broker shall be governed by the Standard Trading Conditions of the AICBA/ACIFI, and the Standard Trading conditions shall form part of any agreement with the client for the provision of services as a Customs Broker;*
2. *To take an active interest in the AICBA/ACIFI through attendance at as many association meetings as is possible, also by furnishing such opinions and data as may be requested to enable the association to consider and represent intelligently the optimum number of association members;*
3. *To pay promptly all current and future AICBA/ACIFI membership fees, when due, and all charges that may be levied from time to time with the undertaking that membership may be suspended or cancelled if not compiled with;*
4. *To be questioned by such individuals as may be appointed by the AICBA/ACIFI Board of Directors to establish or confirm satisfactory and ethical performance as an association member; and*
5. *To promptly notify the AICBA/ACIFI of changes to the information given in this AICBA/ACIFI membership application.*

Authorized Officer/Owner

Signature

Place (City & Province or State)

Corporate Seal

Title

Date

Accepted by the Association of International Customs and Border Agencies. Association des courtiers et intervenants frontaliers internationaux

Signature

Title

Date