## **CSPA Affiliation Application**

## **CSPA Number:**

Affiliation Renewal Due Date:

Visit our online affiliation renewal at http://www.cspa.ca

204 - 1468 Laurier Street Rockland, ON K4K 1C7 Tel. (613) 419-0908 Fax. (613) 916-6008 email: Office@cspa.ca



Please ensure all fields are filled in correctly, and/or make any changes as required to the fields below.

DZ / PSO / C	
	ub Name
Last Name	Middle Initial First Name
APT # Address:	
City	Province Postal Code
Country	Email Address
Home Phone	Work Phone Cell Phone
 Fax	—— Gender: ☐ Male ☐ Female Preferred Language: ☐ English ☐ Frenc
· ux	
DOB (m / d / y)  Accumulated FreeFall Time Notes: - All affiliations are returned to you	
Accumulated FreeFall Time Notes: - All affiliations are returned to you - All affiliation privileges expire 12 idate of previous affiliation expiry if - A fee of \$30.00 will apply to all N - No post-dated cheques accepted	Malfunction in last 12 Mths. Partial Malfunctions in 12 Mths. # and Type of Injuries by mail and/or email.  months from when this form is received by the National Office is received, or from the inot yet expired.
Accumulated FreeFall Time Notes: - All affiliations are returned to you - All affiliation privileges expire 12 is date of previous affiliation expiry if a fee of \$30.00 will apply to all Note No post-dated cheques accepted Please attach fee payments.	Malfunction in last 12 Mths. Partial Malfunctions in 12 Mths. # and Type of Injuries by mail and/or email. nonths from when this form is received by the National Office is received, or from the inot yet expired.  SF cheques.
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