



New Membership Application

Please complete this application, enclose your membership fees payable to IBAH and mail to:

Lynn Uildersma, IBAH Membership
c/o Pearson-Dunn Insurance & Financial Services Inc.
260 Nebo Road, Hamilton, ON, L8W 3K5
P. 905-575-1122 F. 905-575-4250 luildersma@pearsondunn.com

___ BROKER MEMBERSHIP ___ ASSOCIATION (NON-BROKER) MEMBERSHIP

COMPANY NAME: _____

Address: _____

Website: _____, Email: _____

PHONE: _____, FAX: _____

(BROKER ONLY): TOTAL STAFF: ___ RIBO LICENCED:___ UNLICENCED: ___

Membership Dues – Fee Calculation Chart – (5% tax)

(This is your Invoice)

BROKER

1 RIBO Registrant: \$ 90.00+\$4.50=\$94.50	5 RIBO Registrants:\$250.00+\$12.50=\$262.50
2 RIBO Registrants: \$130.00+\$6.50=\$136.50	6 RIBO Registrants: \$290.00+\$14.50=\$304.50
3 RIBO Registrants: \$170.00+\$8.50=\$178.50	7 RIBO Registrants: \$330.00+\$16.50=\$346.50
4 RIBO Registrants: \$210.00+\$10.50=\$220.50	8+ RIBO Registrants: \$370.00+\$18.50=\$388.50

ASSOCIATE

\$150 + \$7.50 = \$157.50

I.B.A.H. G.S.T. NO. 139963631 RT 0001