New Member



2022-2023 New Member Application										
APPLICATI	*	*Please select type of membership below								
□ BR	□ A:	☐ ASSOCIATION (NON-BROKER) MEMBERSHIP								
New Member Information Company Name:							Website:			
Company N		website.								
Telephone Number: Fax N					Number:					
Contact Name: Contact Email Address					ddress:					
								1 _		
Address:				City			Province:	Postal Code:		
TOTAL STAI	FF:	RIBO LICENCE	BO LICENCED:		UNLICENCED:					
Membership Dues – Fee Calculation Chart										
This is your Invoice										
BROKER										
# of RIBO Licenced	Fee	HST	Total		RIBO nced	Fee	нѕт		Total	
1	\$90.00	\$11.70	\$101.70	!	5	\$250.00	\$32.5	0	\$282.50	
2	\$130.00	\$16.90	\$146.90	(6	\$290.00	\$37.7	0	\$327.70	
3	\$170.00	\$22.10	\$192.10		7	\$330.00	\$42.9	0	<u>\$372.90</u>	
4	\$210.00	\$27.30	\$237.30	8	3+	\$370.00	\$48.1	0	\$418.10	
ASSOCIATE						\$150.00	\$19.5	0	<u>\$169.50</u>	
						<u> </u>				

Application Submission									
Contact Name: Lynn Uildersma	Email: lynnu@apont.ca								
Phone: 905.627.0014	Fax: 905.627.0053								
Payment Options:	e <u>www.ibah.org</u>								
*Mail Application & Cheque: Attention: Lynn Uildersma, Membership Chairperson C/O AP Insurance Brokers, 48 York Road Dundas, ON L9H 1L4									
NOTE: Please complete this application, enclose your membership fees payable to IBAH and mail to the above.									