

Member Application/Renewal



**Please mail this form with payment or
fax this form with credit card information to:**

**c/o Ron Van Rooyen (Treasurer)
Accutax Financial Service Inc.
369 Hamilton Road, London, ON, N5Z 1R6
519-438-3019 (fax), 519-438-1960 (phone)
*accutaxlondon@rogers.com***

Company Name: _____ **Contact Name:** _____

Address: _____ **Postal Code:** _____ **Phone:** _____ **Fax:** _____

Email: _____ **Nature of business** _____

I would like my membership fee billed to my credit card **Visa** _____ **Mastercard** _____
Card Number _____ **Expiry Date** _____

Customer Signature _____ **Date:** _____

(Existing members need only provide payment. Please update contact information)