

Industry Partner Membership Renewal Form

Date: _____

Company: _____

Primary Contact Name: _____

Primary Contact Telephone: _____

Primary Contact Email: _____

Complimentary Individual Membership Name: _____

Complimentary Individual Membership Email Address: _____

Complimentary Individual Membership's Title: _____

By signing below, you confirm your organization's details as listed on CPHR BC & Yukon's [Industry Partner Directory](#) are up-to-date and correct. If you wish to update your listing or logo, please submit the updated information to membership@cphrbc.ca along with this form.

Name

Signature

Include Renewal Payment:

\$750.00 + GST/HST = _____

Please use GST/HST rate in effect in your location. Purchasers outside of Canada are not subject to tax. Reg #119446714

Card Type _____ Exp Date _____ Card # _____

Card Holder's Name _____ Signature _____

I agree with the above charges. In the event my credit card is declined for any reason, I understand I will be charged an additional processing fee of \$30.00.

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