



Membership Application

Please submit this completed membership application form to membership@cutaactu.ca, by fax to: (416) 365-1295 or by mail at:

Canadian Urban Transit Association
55 York Street, Suite 1401
Toronto, Ontario M5J 1R7

Thank you for joining the Canadian Urban Transit Association!

Please select the type of

Government Agency:

- Federal
- Provincial
- Regional
- Municipal

GOVERNMENT AGENCY INFORMATION

Official Organization Name *(use upper and lower case as appropriate)*

Mailing Address

City

Province/Territory/State

Postal/Zip Code

Country

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Telephone Number

Fax Number

PRIMARY CONTACT

The Primary Contact is responsible for membership affairs, such as annual membership renewals and directory updates. They also authorize CUTA to send official correspondences via post and email regarding events and industry related updates, as well as EXPRESSIONS newsletters and Forum Magazines.

Salutation

First Name

Last Name

Job Title

Email

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Telephone / Extension

Fax Number

Mailing Address *(if different from the Organization's)*

City

Province/Territory/State

Postal/Zip Code

Country

How did you hear about CUTA? _____

If from a member, please specify name/company: _____

Why did your organization decide to join CUTA? _____

By submitting this application to join the Canadian Urban Transit Association, our organization agrees to abide by the CUTA [Bylaws](#).

Upon receiving your application, CUTA will be contacting you within two business days to provide you with your username and password for our Members Only Section and mail your membership kit.



Membership Fee Payment

FEE CALCULATION

Please refer to the Fee Schedule document to determine your annual membership fee based on your membership category:

Membership Fee: \$ _____ + HST/GST: \$ _____ = Total: \$ _____

TAX: No tax for international members			
13% – ON	14.975% – QC	15% – NB / NL / NS / PEI	5% – Other Provinces

PAYMENT METHOD (select one)

Interac e-Transfer

You may send an e-transfer to transit@cutaactu.ca after contacting the Finance Department at (416) 365-9800 ext. 101 to provide them with the security password.

Bank Transfer

Please provide the following information to your banking institution:

Canadian Imperial Bank of Commerce,
Main Branch, Commerce Court
Toronto, Ontario M5L 1G9 Canada

Swift Code: CIBCCATT
Transit #00002
Bank Code: 010
Cheque Account#: 25-30511

For Credit To:
The Canadian Urban Transit Association
55 York Street, Suite 1401
Toronto, Ontario, M5J 1R7

Visa or MasterCard

You may provide your credit card information by mail or fax. Alternatively, you may phone our Finance Department at (416) 365-9800 ext. 101, or bring your credit card to our office in person.
Please note that American Express is not accepted.

Cheque / Money Order

Please make your cheque or money order payable to the **Canadian Urban Transit Association** and send it by mail, or bring it to our office if you would like to meet us.