



Canadian Taxicab Association
Phone : (416) 366-9713

251 Queen St. E.
<http://www.cantaxi.ca>

Toronto, ON M5A 1S6
Fax : (416) 366-6753

I/We hereby apply for **Associate Membership** for the **Calendar Year 2006** in the Association and any benefits or information that may derive therefrom.

PLEASE PRINT:

Company Name: _____

Representative: _____ Position Held: _____

Address: _____

City: _____ Province: _____ Postal Code : _____

Contact # : (____) _____ Fax: (____) _____

E-Mail: _____ HomePage: <http://www.> _____

Website Listing Text Message (Limit 140 Characters):

If you would prefer to be **listed by Phone Number only**, please check this box:

2006 ANNUAL LISTING FEE - \$ 50.00

**Canadian Taxicab Association,
c/o Wayne L Maki
PO Box 2619
Fort Macleod, AB T0L 0Z0**

Please note this is a new mailing address for Memberships.

(The official Head Office of the CTA remains the same)

If this is a renewal please include a cheque or money order payable to the Canadian Taxicab Association with this Form.

Date : _____ Signature: _____