



**College of the North Atlantic - CAA Membership Application Form  
For Residents of Atlantic Canada**

Please complete this form and fax to CAA Membership Department at **1-506-649-6890**  
**OR**  
Call your local CAA office **1-800-561-8807** or CAA Membership Dept. at 1-800-471-1611

**Membership Information**

NAME \_\_\_\_\_ GENDER ( )M or ( )F  
(First) (Last)

MAILING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ BUSINESS PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
(PRIMARY) √ Day Month Year

ASSOCIATE\* NAME (IF APPLICABLE) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
(ASSOC) √ Day Month Year

*Check appropriate membership type*

\_\_\_\_\_ Basic Primary **\$77.00** annually including tax (2011 rates)  
(add an associate\* for \$43.00 additional (Total \$120.00))

\_\_\_\_\_ Plus Primary **\$120.00** annually including tax (2011 rates)  
(add and associate\* for \$86.00 additional (Total \$206.00))

**TOTAL PAYMENT** \$ \_\_\_\_\_

Credit Card (Visa or MC) \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

If paying by cheque, please send completed form with payment to:

CAA Atlantic Ltd.  
PO Box 310  
Saint John, NB  
E2L 3Y2

\*Associate memberships are available to family members that live at the same address as the Primary. For detailed Membership Information, Benefits, and *Show Your Card & Save*® Partners please check our website at [www.atlantic.caa.ca](http://www.atlantic.caa.ca) **Dues subject to change after Dec 31, 2011**