



MEMBERSHIP APPLICATION

NAME: _____

COMPANY: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____ FAX: _____

C.I.C. Designation: CCP _____ (Emeritus) _____ ACI _____ Other _____

Does your organization do business nationally? Y/N _____

If no, please define scope of business: _____

Are you the Senior Credit or Financial Executive in charge of credit in your organization? Y/N _____

If no, please define your role: _____

Average Monthly Accounts Receivable Balance: \$ _____

If you do not meet all the criteria as presented in A and B below, the following are two members in good standing who have agreed to sponsor my Application:

Name: _____ Company: _____

Name: _____ Company: _____

SIGNATURE _____ Date: _____

MEMBERSHIP REQUIREMENTS

- A) The application must be employed by an organization doing business nationally.
- B) The application must be employed as the Senior Credit or Financial Executive responsible for Credit within his/her organization, and must have an average monthly Accounts Receivable portfolio in excess of \$15,000,000.
- C) Prospective applicants who do not meet the criteria in A and B may, if sponsored by two members in good standing, make an application for membership. Any such candidate who is accepted will also become an Affiliate Member of the Credit Institute of Canada.
- D) Annual dues fiscal period is January 1 - December 31.

ALL APPLICATIONS MUST FIRST BE PRESENTED TO, AND APPROVED BY
THE MEMBERSHIP COMMITTEE AND THEN APPROVED BY THE
EXECUTIVE COMMITTEE.

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