



Application Form CITT Membership Reinstatement

Please complete all sections of this form and return with your payment and attachments. Forms can be returned by fax or mail. **Fax:** 416-363-5698

Mail: CITT
Membership Services
10 King Street East, Suite 400
Toronto, Ontario M5C 1C3

I _____, (print full name) apply for "Active Membership" in CITT, and certify that I have five years practical experience in supply chain logistics, traffic and/or transportation.

I understand that by applying for reinstatement as an Active Member I agree to abide by the *Constitution, By-Laws and Rules* of CITT and all amendments that may be made thereto.

I further commit to ongoing professional development as is required by CITT, and to pay the annual professional dues that are a condition of remaining a CITT-certified member in good standing.

Attached with this application form are:

- A current copy of resume
- Two letters supporting my application, each from a CITT-certified member in good standing
- The reinstatement fee of **\$200.00 + applicable tax** (see chart on reverse) made payable to **CITT**

Section 1 – Membership Directory Information

The following information will be published in the CITT online membership directory.

Name: _____

Home Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Company: _____

Job Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Ext.: _____ Fax: _____

Preferred Email: _____

Where do you want your mail sent? Home Business

NOTE: We publish only business information in the CITT online membership directory.

Over

CITT is continually looking for ways to improve our program by understanding our member's needs. Please take a moment to address the following questions.

Section 2 – Demographic Information

How do you wish to be addressed: Mr. Mrs. Ms.

What is the date of your birth? Month/Day/Year: _____ (this is for demographic purposes only)

Section 3 – Reason for Membership Lapse

In what year did you let your CITT Membership lapse? _____

Why did you let your CITT Membership lapse?

Section 4 – Reason for Membership Renewal

Why have you decided to reinstate your CITT membership?

Payment Method

- Cheque for **\$200 + applicable tax** enclosed (payable to CITT)
 Please charge my credit card: VISA Mastercard

Province/Territory	Tax
AB, SK, MB, QC, PE, YT, NT, NU	5% GST
BC	12% HST
ON, NB, NL	13% HST
NS	15% HST

GST/HST# 108075367

Card number: _____ Expiry date: _____

Signature of cardholder: _____ Amount: _____

The undersigned hereby applies for CITT membership and understand that this application will have to receive approval by the Board of Directors – or it's designate, upon which time an invoice for the current membership dues will be issued.

I further understand that it is only upon payment of the membership dues invoice that I will be reinstated into membership and have the permission to use the CITT designation.

Signed: _____, Date _____