



THE RETAIL MERCHANTS' ASSOCIATION OF CANADA (ONTARIO INC)

10 Milner Business Court, Suite 204
 Scarborough, Ontario, M1B 3C6
 Phone: +416 293-2100
 Fax: +416 293-2103
 E-mail: info@rmacanada.com
 Website: www.rmacanada.com

RMA Business Application

The Undersigned applicant, as a retail merchant carrying on business in Canada, hereby applies for membership in the Retail Merchants' Association of Canada (Ontario) Incorporated. The Applicant is the owner of the retail business (es) at the following location(s)

DATE: _____

NAME OF BUSINESS (Primary Location) _____

ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____

BUS. PHONE # _____

FAX: _____

EMAIL: _____

CONTACT NAME: _____

TYPE OF BUSINESS: _____

GROSS ANNUAL SALES _____

OWNERS NAME: _____

APPLICANT'S FULL NAME (Please print) _____

SIGNATURE OF APPLICANT: _____

ADDITIONAL LOCATION(S)

Please list additional locations, if any, on a separate sheet and provide complete information including contact person, telephone number/fax and email addresses. This will ensure that each location receives all pertinent information directly on new RMA programs and Benefits.

HOW TO APPLY (Two options)

1. Complete this form and forward it to RMA with your Cheque to RMA at the above address.
2. Pay ONLINE
 Go to www.rmacanada.com and click on "Membership"

Template/doc/ July 2012 (Revised)

TERMS AND CONDITIONS

Certifies to the Association that the Applicant is a retail merchant and the actual owner of the retail Business(es) listed.
 Agrees with the Association to pay promptly when due all sums charged by the Association: (late fees may apply)
 Acknowledges that upon expiration or termination of the Applicant's membership in the Association, all benefits enjoyed by the Applicant as a member of the association may be cancelled by the Association; and
 Acknowledges that upon acceptance by the Association of this Application the Applicant will become an Ordinary member of the Association.
 Acknowledges that participation in certain programs will require credit approval by RMA or by the sponsor of the program. Rebates, discounts and terms for all programs are subject to change without notice.

As per the Personal Information Protection and Electronic Documents Act (PIPEDA), which came into effect January 1, 2004, the member understands and:
 Consents to the collection, use and disclosure of personal information obtained on any of the Associations' forms.
 Acknowledges that personal information shall not be used or disclosed for purposes other than those for which it was collected
 Allows the association to forward such information, form time to time, to existing and prospective marketers in order to participate in the marketing programs of the members choice
 The Association does not sell its members' Personal information to any organization for any purpose.
 This notice is subject to revisions as deemed appropriate.

RMA BUSINESS APPLICATION

Annual Membership Fee	\$ 185.00
New members Administration Fee (one time)	\$ 25.00
Number of Additional Locations _____	
Additional Locations x \$75.00 each	\$ _____
HST	\$ _____
TOTAL PAYMENT:	\$ _____

Please Make Payment to RMA by Cheque OR ONLINE

Please complete, FAX or Mail with cheque to Membership Coordinator at the above address. Thank You!