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AFFILIATE MEMBER INFORMATION:					
MEMBERSHIP TYPE: <input type="checkbox"/> \$ 249 + Taxes <i>Affiliate Member</i> – for duly authorized notaries with current appointments (Annual Membership)					
HOW DID YOU HEAR ABOUT NOTARY2U.ca:					
NAME (As shown on license) LAST:		FIRST:	MIDDLE:	DESIGNATION (i.e. Notary/Lawyer/Commissioner)	
RESIDENCE ADDRESS: STREET:		CITY:	PROVINCE/STATE:	PC/ZIP CODE:	COUNTRY:
RESIDENCE PHONE(optional):		CELL PHONE:		EMAIL ADDRESS:	
BUSINESS NAME:					
BUSINESS ADDRESS: STREET:		CITY:	PROVINCE/ STATE:	PC/ZIP CODE:	COUNTRY:
BUSINESS TELEPHONE:		BUSINESS FAX:			
SEND CORRESPONDANCE TO: <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME			SPECIALITY(IES)/SUBSPECIALITY:		
APPOINTMENT LICENSE #:		PROV/STATE/JURISTICION:	DATE ISSUED:	APPOINTMENT EXPIRY DATE:	
CITY OR REGION OF INTEREST FOR AFFILIATE MEMBERSHIP:					
SOCIETY/ORGANIZATIONS MEMBERSHIPS:					
PLEASE SELECT THE CHOICE THAT BEST DESCRIBES YOUR SITUATION/BUSINESS:					
<input type="checkbox"/> Notary Public		<input type="checkbox"/> Lawyer/Attorney		<input type="checkbox"/> Paralegal	
		<input type="checkbox"/> Registry Business		<input type="checkbox"/> Commissioner of Oaths	
PAYMENT: Credit Card: <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard					
CARD NUMBER:			EXPIRY DATE:	CARD VERIFICATION NUMBER:	
			(mm/yr)	(3 digit number on back of card after the card number)	
NAME AS IT APPEARS ON CREDIT CARD:					

**** PLEASE INCLUDE AN E-MAIL ADDRESS, CONFIRMATION AND ALL NOTARY2U CORRESPONDANCE IS SENT VIA E-MAIL**
*** PLEASE NOTE: YOU WILL RECEIVE A CHARGE ON YOUR CREDIT CARD STATEMENT FROM: HOUSEMAXX INTERNATIONAL INC.**

I hereby affirm that the information provided on this application for an affiliate membership with Notary2U.ca (a division of Housemaxx International Inc.) is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application and/or termination of my affiliate membership. I understand and agree that acceptance of this application, and/or dues does not constitute approval or acceptance of my membership, and grants me no rights or privileges of membership until such time as I receive notice of approval of my application. I hereby release all persons and entities, including the Notary2u.ca and Housemaxx International Inc. and their employees and agents, and all persons and entities providing credentialing information to them, from any liability they might incur for their acts, omissions, and/or communications arising from this application or any membership decision, to the extent those acts, omissions and/or communications are protected by state/provincial, federal and/or international law. I understand and agree to the terms of Notary2u.ca Privacy Policy that can be found on the Notary2u.ca website. Notary2u.ca or Housemaxx International Inc. is not responsible for additional charges or extra fees your credit card company may charge.

APPLICANT'S SIGNATURE: _____ DATE: _____