



Application For Renewal: Accredited Membership

Returning members: \$300 plus applicable taxes. See chart for total amount due.

Please fill out the following form and return along with payment. Cheques should be payable to **CDECA - Canadian Decorators' Association**. Payments can also be made by credit card. Please allow 4-6 weeks for processing. Any NSF cheque will be charged an additional \$25 fee.

Name: _____ Business Name: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Business Telephone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

CDECA welcomes volunteer help. Please indicate which committee you would like to assist.

- Ambassador
- Chapter Development
- Communication
- Education
- Ethics
- Finance
- Marketing
- Membership
- Newsletter
- Professional Development
- Trade & Consumer Shows

IMPORTANT:

Please confirm by checking the boxes below with an X:

- I authorize CDECA to share my contact information with other members of CDECA via the website, www.cdeca.com, and the password-protected Member's Only section, via email correspondence and the distribution of CDECA newsletters. CDECA respects your privacy through the CDECA Privacy Policy.
- I agree to abide by the [CDECA Code of Ethics and Professional Conduct](#), the process for its enforcement and to comply with the association's By-laws. (Note: If this box is unchecked, the renewal form cannot be accepted.)

TERMS & CONDITIONS

1. To qualify for accredited member renewal rates, you must be an accredited member and renew your membership within 60 days of its expiry. **NOTE:** If your membership expired more than 60 days ago, please contact info@cdeca.com for reinstatement information. A processing fee will apply.
2. Payment of the annual renewal fee will extend your paid membership for one year from the date of your existing expiry date.
3. Membership Fees are non-refundable.

By signing this document you acknowledge that you have read, understood and agreed to these terms.

Payment Options

Enclosed please find my cheque

Charge my credit card
(Visa and MasterCard accepted only)

Card No.: _____

Card Expire Date: ____ / ____ (MM/YY)

Applicant's Signature: _____