

COURSE REIMBURSEMENT

DATE: _____

PLEASE PRINT CLEARLY:

MEMBER NAME: _____ S.I.N. _____

STREET ADDRESS: _____

CITY & PROVINCE _____ POSTAL CODE _____

MEMBER'S TELEPHONE NUMBER: Area Code () _____

COURSE FOR REIMBURSEMENT _____

COMPLETION DATE: _____

- Mail Cheque
- Member to Pick Up

OFFICE USE ONLY

- Dues in Good Standing
 - Refund Rejected
- REASON:

AMOUNT: _____

APPROVED BY: _____

CHEQUE #: _____ DATE ISSUED: _____

REFUNDED TO: DEBIT VISA MASTERCARD