

Membership Application



Brokerage Name (IN FULL) _____ Corporate RIBO # _____

Office Street Address _____

Telephone _____ Fax _____

Toll Free _____ Email _____ Website _____

Office Contact Name _____ Education Contact _____

RIBO Designated Individual _____ RIBO D.I. Email _____

Does the insurance courier deliver to you? Yes No

List below **all** Registered Insurance Brokers in your office

Name In Full	Position In Office (Principal, Csr, Producer, Etc.)	Ribo Reg#	*Prof/Edu Designation/ Degree	*Year Of Birth	Email Address

(ATTACH SEPARATE LIST IF NECESSARY)

Companies you represent _____
(ATTACH SEPARATE LIST IF NECESSARY)

Broker Management System _____ Banking Institute _____

Does your office sell life insurance? _____ Affiliate _____

In addition to the above, this office employs: UNREGISTERED FULL TIME PERSONS _____

UNREGISTERED PART TIME PERSONS _____

Payment Options:

Credit Card Monthly Payment Company Cheque

Credit Card Number _____

Name _____

Expiry Date _____

The information requested and marked with an asterisk is not mandatory. Information on professional degree is to be used only to determine, on an aggregate basis, the percentage of members who have specific degrees. The year of birth is used to determine the average age of our membership and to record when a member may be eligible for honorary membership."

"The undersigned confirms to the IBAO that with respect to any information provided, that the undersigned has obtained the appropriate consent of the applicable individual to release that individual's information to the IBAO."

I, the undersigned, confirm all information to be true and accurate. I, hereby authorize and direct the Registered Insurance Brokers of Ontario (RIBO) to provide and/or confirm the number of registered brokers in our firm to the Insurance Brokers Association of Ontario (IBAO).

Signed _____ Date _____
(PRINCIPAL, OFFICER, PARTNER)

Signed _____ Date _____
(WITNESS)