



## ANNUAL MEMEBERSHIP DUES

**CANADIAN PICTURE PIONEERS**  
225 The East Mall, Suite 1762  
Toronto, ON M9B 0A9  
Phone/Fax 416-368-1139

Company: \_\_\_\_\_

Name on Card: \_\_\_\_\_  
Please Print Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Dues: \_\_\_\_\_

Optional Donation: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Please make cheques payable to "Canadian Picture Pioneers"  
Mail cheques to the Canadian Picture Pioneers office at the address above.

Credit Card Payment Information: VISA or MasterCard (please circle)

Credit Card #: \_\_\_\_\_

Expiry: \_\_\_\_\_ CV#: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Description: \_\_\_\_\_

I authorize use of the above credit card for the one-time payment to the  
Canadian Picture Pioneers:

Cardholder signature:

\_\_\_\_\_  
Signature

**Completed credit card information can be emailed or sent via regular mail.**