## Join CAA at the Preferred Group Rates



Company or Association Name:		Member Name:			
Home Address:	City:	Province:	Postal Code:	Phone:	
Home Address.	City.	FIOVINCE.	FUSIAI COUE.	FIIUIIE.	
Work Email:		Personal Email:			
			This email will be used to send eStatements and Marketing communications		
Corporate Code			nal): DD / MM / YYYY		

## CAA Members can qualify for savings on CAA Auto Insurance! My current insurance expires: DD / MM / YYYY

TYPE OF COVERAGE
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ADD AN ASSOCIATE MEMBER (family membe	er living at the same addre	255)					
Name	Date of Birth (optional):	Phone Number					
Email		Premier \$	Plus \$	= \$			
Name	Date of Birth (optional):	Phone Number					
Email		Premier \$	Plus \$	=\$			
Name	Date of Birth (optional):	Phone Number					
Email		Premier \$	Plus \$	=\$			
			Plus Applicable Tax	(13%) = \$			
			Amount of <b>TOTAL PAY</b>	MENT = \$			
PAYMENT INFORMATION							
Please use the following form of payment: VISA	MasterCard America	n Express Pre-Author	ized Debit (download for	m at caaneo.ca/forms)			
Name on Credit Card:							
Credit Card Number:		Credit Card Expiry Date: MM / YY					
Card Holder Signature:	Today's Date: DD / MM / YYYY						
	Call:	1.866.220.1205					
	Mail:	Group Sales CAA North & East C PO Box 8350 / STN Ottawa, ON K1G 60	T CSC				
	Fax:	613.820.1800					
	Email:	groups@caaneo.on	i.ca				

\*Terms & conditions apply. All Members will be automatically registered for the CAA Auto-Renewal Payment Plan either by credit card or pre-authorized debits. Email is mandatory as an eStatement will be sent 30 days prior to your Membership renewal date every year. The eStatement will confirm the dues to be charged to your method of payment. No pre-existing *Join CAA at the Preferred Group Rates* forms will be accepted by the Membership team. Membership fees are subject to change without notice. Please visit caaneo.ca/terms for full Membership Terms and Conditions.



Travel Insurance Rewards Auto

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