

## **NSF Canada Training Membership Application**

Company Name:			
Address:			
City:		Province:	_ Postal Code:
Contact Person: Name:			Title:
Tel:	_ Extn:	E-Mail:	Website:
Secondary Contact: Name: _			Title:
Tel:	_ Extn:	E-Mail:	
Your Major Product or Service	e:		
Number of Employees at you	ır plant/organi	zation/location:	
We would like <b>NSF</b> to annou	nce our joininç	g of the NSF Training M	embership on social media: Yes □ No □
Benefits include:			
<ul> <li>Media Monitoring Ser</li> <li>The complimentary eLearning licer</li> </ul>	o our Innovation out our Innovation of our Innovation of our Innovation of our Innovation and out Innovation of our Inno	on Breakfast series and istered within 6 months of mental receive the login instruction	embership activation or renewal. An email address for ons. Once registered, the learner will have 3 months to
Name of Learner:		E-mail:	Will provide at a later date □
Please check one of the follo	wing complim	entary eLearning Licens	se:
☐ Online HACCP Refresher	□ Oı	nline GMP Refresher	☐ Principles of Internal Auditing Online
Payment Options			
☐ Cheque enclosed ☐ Plea	ase invoice me	e (Purchase order #)	
Cost: \$475:00 (+ 61.75 HST	= \$536.75)		
Additional employees	s who wou	ıld like to receive	our Media Monitoring Services
Name:	Titl	e:	E-mail:
Name:	Titl	e:	E-mail:
Name:	Titl	e:	E-mail: