



Membership Application

**Canada - United States
Business Association**

Membership Application

**I would like to become a
CUSBA Member at the
level indicated:**

Corporate\$500

Non-For-Profit /
Governmental ...\$300

Individual /
Entrepreneur\$100

**Please enclose check
payable to CUSBA**

Name *Mr. / Mrs. / Ms. / Dr.* _____

Title _____

Company _____

Mailing Address _____

(if you give a P.O.Box, please also list a street address for UPS delivery)

Phone () _____ Fax () _____

Email Address _____

Products / Services of Your Company _____

Additional Member Associates:

1. Name _____ Title _____

_____ Email Address _____

2. Name _____ Title _____

_____ Email Address _____

3. Name _____ Title _____

_____ Email Address _____

4. Name _____ Title _____

_____ Email Address _____

5. Name _____ Title _____

_____ Email Address _____

6. Name _____ Title _____

_____ Email Address _____

7. Name _____ Title _____

_____ Email Address _____

8. Name _____ Title _____

_____ Email Address _____

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