



HUNGARIAN CANADIAN
BUSINESS ASSOCIATION
www.hcba-canada.org

Membership Registration Form

Registration Information

Membership Year: _____

Name: _____

Company name: _____

Street address: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Membership Type

Corporate - \$300 Personal - \$150 TOTAL: _____

Payment Details

Type: Cash Cheque (The cheque is payable to Hungarian Canadian Business Association.)

Please complete and return this form by regular mail (address: 8750 Jane St. unit 12, Vaughan, ON L4K 2M9) or fax 905-738-3834 to allow us to process your registration.

Our Privacy Policy

We collect personal information and we may retain any personal information provided, in order to send you information about our services and to compile our membership database which may appear both on our website for access by members. We will not publicly disclose on the website any banking or credit card information provided by you in this form. By completing and submitting this form you are consenting to our collecting and retaining this information and using it in this manner. HCBA will not provide this information to non-member third parties except if it is for purposes of assisting the HCBA, for example, to maintain the website. You may request that your personal information be corrected or your consent to our maintaining your information be withdrawn.

I accept

Signature _____

Date: _____