



ATSSA Request For Membership

Name: _____

Address (street)_____

Address (city/town)_____

Address (postal code)_____

Phone (business)_____

Phone (home)_____

Fax_____

Email_____

Company Name_____

Position/Title_____

Length of Service_____

Membership Type **Regular**___ **Associate**___ **Affiliate**___

Sponsored By_____

Please supply fax, email address, and sponsored by, otherwise write N/A in these areas. For more information on membership types go to www.torontoats.com and look at membership types.

Please mail the completed form to:

Request For Application
Toronto ATSSA
14 Broomfield Crt.
Brampton Ontario L6Z 1T5
Fax 905 846 7613