

# CSIP REGISTRATION FORM

## 1. Applicant Information

Member ID: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Brokerage (for shipping): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2. Select CSIP Module

Module 1

Module 2

Module 3

Module 4

## 3. Complete Mentor Information (all applicants must have a designated mentor to enroll in the program)

Mentor: \_\_\_\_\_

Brokerage: \_\_\_\_\_

RIBO #: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

## 4. Payment Options

Fee Enclosed (please refer to website for fees): \$ \_\_\_\_\_

Brokerage Cheque

Certified Cheque

MasterCard

VISA

Card #: \_\_\_\_\_

Card Expiry: \_\_\_\_\_

Cardholder: \_\_\_\_\_

## 5. Applicant Declaration

I \_\_\_\_\_ confirm that the above information is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email completed registration forms (with payment) to:  
[education@ibao.on.ca](mailto:education@ibao.on.ca)

**ibao**