



Canadian Association of Threat Assessment Professionals

2012 Membership Form

- New Member**
 Renewal

Name _____ Title _____

Organization _____

Address _____ City _____ Province _____ Postal Code _____

Phone _____ Email _____

- Method of Payment: cheque*
- Online--BeanStream Order Id: _____
- Please charge \$50 to my:
- MasterCard
 - Visa

Credit Card # _____ Expiry Date (mm/yy) _____ 3 digit CVV # _____

Name (as shown on card) _____

Signature _____

FAX THIS FORM TO:
***MAIL CHEQUE TO:**

905-751-1313 CATAP c/o L. Willcox, Intelligence Unit, Threat Assessment
VPD/DVACH c/o Keith DORMOND 312 Main St., Vancouver British Columbia V6A 2T2