

# CANADIAN ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS



## Membership Form

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Method of Payment** :  I enclose a cheque for \$50  Please charge \$50 to my credit card:  
 AMEX  Visa  MasterCard

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name (as shown on card) \_\_\_\_\_

Signature \_\_\_\_\_

Submit to:

CATAP: Fax: 780-495-0930 CATAP c/o D. Maxwell, ITRAC-RCMP

720 - 10909 Jasper Ave. Edmonton, AB, T5J3L9 or

Fax: 905-751-1313 CATAP c/o L. Willcox, BTA, Intelligence Unit , YRP – 17250 Yonge Street, NewMarket, Ontario, L3Y4W5