



THE PEEL
PROFESSIONAL CITY CLUB
www.thecityclub.ca

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#260, PLAZA ONE
MISSISSAUGA ON
L5N 1P7

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MEMBERSHIP APPLICATION

Applicant's Name: _____

Company or Affiliation: _____

Company Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Position: _____

Description of Goods or Services Provided: _____

Email: _____ **Web site:** _____

Number of Years in Existing Field: _____ **Number of Employees:** _____

Business Territory: _____

Business Ph: _____ **Home Ph:** _____

Business Fax: _____ **Cell #:** _____

Sponsor: _____

Signature: _____ **Date:** _____