



**APPLICATION FOR MEMBERSHIP WITH  
INSURANCE BROKERS OF TORONTO REGION  
(Affiliate of Insurance Brokers Association of Ontario)**

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

Office Location \_\_\_\_\_

\_\_\_\_\_

Mailing Address  
(if different than above) \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Website Address \_\_\_\_\_ Email Address \_\_\_\_\_

Year Office Established \_\_\_\_\_

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Principals Name: \_\_\_\_\_

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Name of Firms RIBO Designated Individual \_\_\_\_\_

Firm's Corporate RIBO Registration Number \_\_\_\_\_

Number of Registered Insurance Brokers in your office \_\_\_\_\_

Number of Unregistered Full Time Persons \_\_\_\_\_

Signature: \_\_\_\_\_  
(Principal, Officer, Partner)

Date: \_\_\_\_\_

**Mail to: 69 Ventana Way, Woodbridge, Ontario L4H 1A7 or Fax to: 905-893-7258**



**AFFILIATE APPLICATION FOR MEMBERSHIP WITH  
INSURANCE BROKERS OF TORONTO REGION  
(Affiliate of Insurance Brokers Association of Ontario)**

Association Member Name: \_\_\_\_\_

Office Location \_\_\_\_\_  
\_\_\_\_\_

Mailing Address  
(if different than above) \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Website Address \_\_\_\_\_ Email Address \_\_\_\_\_

Year Business Established: \_\_\_\_\_

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Principals Name: \_\_\_\_\_

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Number of Employees: \_\_\_\_\_

Services Provided \_\_\_\_\_

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

Date: \_\_\_\_\_

(Principal, Officer, Partner)

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