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Company Name: _____	CPA # (if applicable): _____
First Name: _____	Last Name: _____
Address: _____	
Province: _____	Postal Code: _____
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Fax: _____	Email: _____
<input type="checkbox"/> Cheque payable to: The Canadian Payroll Association	
<input type="checkbox"/> Charge my fee to: (check one) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	
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MM / YY	
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