



## Group Accident Insurance for the Canadian Ground Water Association

*To apply for the Group Accident Insurance Program for **Associate Members**, please complete the following and fax to your provincial CGWA office.*

Company Name:		
Company Address:		

Names of employees to be covered	Dates of Birth of anyone over age 70	<b><u>Associate Membership</u></b> fee for insurance <i>\$25 per employee</i>
<b>Total Premium Remittance</b>		

*\*if more space is required, please continue listing on the back of this page, or attach a separate sheet.*

Company phone # \_\_\_\_\_

Company e-mail \_\_\_\_\_