



CAA Membership Application Form For Residents of Atlantic Canada

Please complete this form and visit your local branch,
Call your local CAA office **1-800-561-8807** or CAA Membership Dept. at 1-800-471-1611
Or Fax to CAA Membership Department at **1-506-649-6890 with Visa or MC information**

	Annual Dues	Monthly Pay Plan
Classic Coverage		
Primary Member	\$93.44	\$8.79
Primary + 1 Associate	\$144.33	\$13.03

Rates are effective for 2019

Dues reflect the waived Entrance Fee and include tax.

Plus Coverage		
Primary Member	\$144.33	\$13.03
Primary + 1 Associate	\$246.10	\$21.51

Monthly Payment: A way to pay a full annual Membership in 12 equal payments. (Includes a \$12 surcharge)

Associate Memberships are available to family Members that live at the same address as the Primary Member

Premier Coverage		
Primary Member	\$177.39	\$15.78
Primary + 1 Associate	\$312.23	\$27.02
Please circle your choice above & provide cc info here if sending via fax		
V or MC		Exp ___/___

For detailed **Membership Information, Benefits, and Rewards® Partners** please check our website at atlantic.caa.ca
Or call to speak with a representative.

Membership Information

NAME _____ GENDER () M or () F
(First) (Last)

COMPANY NAME _____

MAILING ADDRESS _____ APT # _____

CITY/TOWN _____ PROV _____ POSTAL CODE _____

HOME PHONE () _____ - _____ BUSINESS PHONE () _____ - _____

E-MAIL ADDRESS _____ DATE OF BIRTH _____
(PRIMARY) Day Month Year

ASSOCIATE NAME (IF APPLICABLE) _____ DATE OF BIRTH _____
(ASSOC) Day Month Year