



CANASA

Canadian Security Association
L'Association canadienne de la sécurité

JOB BOARD ORDER FORM

Company Name _____ Do not display company name

PRIMARY CONTACT INFORMATION

(This information WILL NOT be displayed)

This company representative will receive all CANASA correspondence

Mr. Mrs. Ms. First Name _____ Last Name _____

Title _____ Primary Role _____

Phone _____ Fax _____ Toll Free _____

Email _____

Send all correspondence in: English French

CANASA member? Yes No

CANASA Chapter closest to the above-mentioned location:

Atlantic Chapter
British Columbia Chapter
Calgary Sub-Chapter

Edmonton Sub-Chapter
Manitoba Chapter
Ontario Chapter

Ottawa Sub-Chapter
Quebec Chapter
SW Ontario Sub-Chapter

United States
International

INSTRUCTIONS

Job postings must include the following:

1. Full name and contact address of the organization receiving resumes
2. A complete job description
3. Salary (if available)
4. Where resumes are to be sent
5. Application deadline

Display job in:

English French* Both

* NOTE: French must be provided by hiring company

JOB LOCATION INFORMATION

(This information WILL be displayed)

Street Address _____

City _____ Province/State _____

Postal/Zip Code _____ Country _____

Phone _____ Fax _____ Toll Free _____

Website _____ Email _____

Job Board Order Form

JOB DESCRIPTION - ENGLISH (Please cut and paste the job details in English here)

Job Title

Description		Responsibilities	
Salary	Qualifications	Closing date	Contact information

JOB DESCRIPTION - FRENCH (Please cut and paste the job details in French here)

Appellation du poste

Description du poste		Responsabilités	
Salaire	Qualification	Date limite	Pour soumettre votre candidature

NUMBER OF JOB POSTINGS (each job will remain posted for 60 days)

Postings	Member (each)	Non-member (each)
One	\$150	\$300
Two	\$140	\$280
Three	\$130	\$260
Four	\$120	\$240

METHOD OF PAYMENT

Cheque (payable to "**Canadian Security Association**")
 Visa
 MasterCard
 American Express

Card number: _____

Expiry date: _____

Cardholder name: _____

Signature: _____

(Signature not required if submitting electronically)

I authorize the Canadian Security Association to charge my credit card for the amount indicated above.

PAYMENT DUE

JOB POSTING FEE

INSERT PROVINCIAL TAX 1*

SUBTOTAL

INSERT PROVINCIAL TAX 2*
(if applicable)

TOTAL

* PROVINCIAL TAXES

AB 5% GST	NL 13% HST	SK 5% GST
BC 12% HST	NS 15% HST	QC 5% GST
MB 5% GST	ON 13% HST	+ 9.5% QST
NB 13% HST	PE 5% GST	