



Small Investor Protection Association - A voice for small investors

Name: _____ Spouse: _____

Address: _____

City/Prov: _____ Postal Code: _____

Tel: _____ Fax No: _____

e-mail: _____

Are you currently employed in the financial services industry? Yes No

If so, in what capacity? _____

Annual membership fee \$25 enclosed by cheque payable to Small Investor Protection Association.

Applicant: _____ Date: _____

Optional

Employer: _____ Tel: _____

Position: _____

Do you have a complaint? _____ If yes, with whom? _____

Have you made your complaint in writing? _____

Are you in litigation? _____

Comments: _____

Interested to Volunteer?

Would you like to help? Contact SIPA at 416-614-9128 or e-mail sipa.toronto@gmail.com