



FICPI CANADA

APPLICATION FOR MEMBERSHIP OR AFFILIATION WITH FICPI CANADA

Applicant:

SURNAME: _____ GIVEN NAME(S): _____

OFFICE: _____

POSTAL ADDRESS: _____

OFFICE TELEPHONE NO.: _____ FAX: _____

E-MAIL ADDRESS: _____

* Alternatively attach a current business card bearing applicant's name and all other details requested above

All Applicants Seeking Membership:

I agree to have my name and contact information published on the FICPI website. YES___ NO___

I am enrolled on the Canadian Register of Patent Agents and I am practicing as a Patent Agent in Canada. YES___ NO___

I have been a registered Canadian Patent Agent for _____ years.

I act as a Patent Agent under the firm name _____.

I am enrolled on the Canadian Register of Trade-mark Agents and I am practicing as a Trade-mark Agent in Canada. YES___ NO___

I have been a registered Canadian Trade-mark Agent for _____ years.

I act as a Trade-mark Agent under the firm name _____.

The following Patent Agent Members of FICPI Canada provide Patent Agency Services under the same firm name as I provide Trade-mark Agency Services:

Affiliate Applicants:

I am actively training to become a Patent Agent or Trade-mark Agent in Canada. YES___ NO___

The FICPI Member under which my training is being provided is:

I am employed by the same firm as the FICPI Member who is providing my training. YES___ NO___

I agree to apply for membership in FICPI Canada upon becoming qualified as a Patent Agent or Trade-mark Agent in Canada. YES___ NO___

I agree not to represent myself as a member of FICPI or FICPI Canada. YES___ NO___

All Applicants:

I understand that for eligibility to become a member or affiliate of FICPI Canada and to maintain my membership or affiliation with FICPI Canada I must be in private practice and able to represent a plurality of different clients and must not be, in principle, obligated to refrain from taking on new clients.

I understand that for eligibility to become a member or affiliate of FICPI Canada and to maintain my membership or affiliation with FICPI Canada I must not be in position in which I am required to represent only one organization which owns or controls intellectual property rights or a single affiliated group of such organizations, to the exclusion of other clients.

I agree to notify FICPI Canada of any change in status that would affect my eligibility to become a member or affiliate of FICPI Canada or that would affect my eligibility to maintain my FICPI Canada membership or affiliation with FICPI Canada.

I hereby subscribe in writing to the aims of FICPI and the constitution and by-laws of FICPI Canada currently in effect and as amended from time to time.

The following Members of FICPI Canada have agreed to act as references for this application for membership or affiliation with FICPI Canada and at least one is a principal or employee of a firm other than the firm of which I am a principal or employee:

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____

Reference letters from these members are enclosed.

Enclosed herewith is a cheque payable to "FICPI CANADA"

(Date) (Signature)

(Place)

* This application should be sent by mail to:
Coleen Morrison
Secretary-FICPI CANADA
c/o Marks & Clerk Canada
PO Box 957 Station B
Ottawa, Ontario K1P 5S7

Date

FICPI CANADA
c/o Marks & Clerk Canada
PO Box 957 Station B
Ottawa, Ontario K1P 5S7

Attention: FICPI Counsel

Re: _____
Applicant's Name

I hereby submit that the above named applicant has demonstrated competence in Patent Agency/Trademark Agency or is actively training to become a Patent Agent or Trademark Agent and is of good character and repute.

Additional Comments:

Referee Name: _____

Firm Name: _____

Date: _____