



YBN Application Form

Name _____ DOB ____ / ____ / ____
Year Month Day

Brokerage Name _____

Office Address _____

Telephone number _____ Fax number _____

Email address: _____

- Please add me to the E-newsletter list
- I would be willing to help out with YBN events
- I have certain interests/ abilities/ talents I could use to assist in event planning.

List interests/ abilities/ talents: _____

Signature: _____ Date: _____

Special Notes:

*Date of birth is required as Active YBN membership is eligible only to those up to 40 years of age.

*There is no fee to be a member of the YBN. Some events may have participation fees associated.

Please return this form by mail to :

IBANS, 380 Bedford Highway, Halifax, NS B3M 2L4 Or by Fax- 902.876.0527

