

SPO Membership Application Form

Thank you for your interest in joining the Sales Professionals of Ottawa. Please complete this form and email it to membership@salesprosottawa.com. Upon receipt of your payment, your membership will be processed.

Member Information

Name: _____

Company: _____

Phone: _____

Email Address: _____

Industry: _____

Job Function (Please Select One)

- Executive
- Sales Manager
- Sales Representative or Account Manager

Name Badge Information

Please ensure the accuracy of your information. Replacements will be at your expense. Your name badge will be available at our next event.

Name: _____

Company: _____

Online Membership Directory Information (Please Print)

Name: _____

Title: _____

Company: _____

Website Address for SPO Website Link: _____