



MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name: _____ Year Est. _____
 Contact Name: _____ Title: _____
 Address: _____
 City: _____ Prov. _____ P/C. _____
 Phone: _____ Fax: _____
 Email: _____ Website: _____
 Proprietorship _____ Partnership _____ Corporation _____
 Names of Owners/Partners/Officers _____

 Name of Person(s) Attending Meetings _____

Company Specializes In: (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Supplier | <input type="checkbox"/> Equipment Rental | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Design | <input type="checkbox"/> Safety | <input type="checkbox"/> Training | <input type="checkbox"/> Scaffold Erection |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Containment | <input type="checkbox"/> Engineering | <input type="checkbox"/> Shoring/Forming |
| <input type="checkbox"/> Ladders | <input type="checkbox"/> Window Cleaning | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Government |
| <input type="checkbox"/> Suspended Platforms | <input type="checkbox"/> Elevated Work Platforms | | |
| <input type="checkbox"/> Other | Specify _____ | | |

MEMBERSHIP CLASS & FEES (Cdn\$, GST exempt)

- | <i>Class</i> | <i>Fees (Full Year)</i> |
|---|-------------------------|
| <input type="checkbox"/> Regular (Voting) | \$400.00 |
| <input type="checkbox"/> Branch (Voting) | \$200.00 |
| <input type="checkbox"/> Associate | \$200.00 |
- Cheque Payable to Scaffold Industry Association Of Canada (Ontario Chapter).

Application is hereby made for membership in the Scaffold Industry Association of Canada and subject to my acceptance in the association, I promise to abide by the bylaws of the said organization, as amended from time to time, and understand that I will be entitled to all benefits and priveledges of membership as specified in the bylaws of the association.

CERTIFICATION

I hereby certify that I have read this application and apply for membership. If accepted, we shall abide by the bylaws of the association.

Name: _____ Signature: _____ Title: _____
 Date: _____

Send To:

Current Treasurer: Mike Van Volsen
 Email: mikevanvolsen@rogers.com
 Phone: 905-475-7444
 Fax: 905-475-0304

FOR OFFICE USE ONLY

Date Received: _____
 Received By: _____
 Classification: _____
 Amount: _____
 Membership Period: _____
 Date Effective: _____