



DIRECT MEMBER APPLICATION



MECHANICAL CONTRACTORS ASSOCIATION OF CANADA

MECHANICAL SERVICE CONTRACTORS OF CANADA *(MSCC is a division of MCA Canada)*

COMPANY INFORMATION

Date: _____

Company Contact: _____

Title: _____

Company Name: _____

Company Address: _____

City: _____ Prov/State: _____ Postal/ZipCode: _____

Tel: _____ eMail: _____

Fax: _____ Web Site: _____

Please fill in the following information:

Balance Due as per Dues Calculation
and Declaration Form:

13% HST (BIN# 124 973 520):

TOTAL DUES PAYABLE :

METHOD OF PAYMENT: (Please one)

Cheque (Please make payable to MCA Canada)

Visa

MasterCard

American Express

Cardholder Name:

Card #:

Expiry Date:

Authorized Signature:

Please fax, mail or email your completed application, dues calculation and declaration page
along with all other applicable forms to MCA Canada/ MSC Canada at:

MCA Canada/ MSCC Canada

280 Albert Street, Suite 601, Ottawa, ON K1P 5G8

Tel: 613.232.0492 Fax: 613.235.2793

Email: mcac@mcac.ca / info@servicecontractor.ca

Website: www.mcac.ca / www.servicecontractor.ca



CONTACT INFORMATION



Please include all email addresses in your company so that they will receive MCAC/MSCC communications

NAME

EMAIL ADDRESS

_____	_____
_____	_____
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For additional email addresses please use a blank sheet and attach it with this application.

MCA Canada/ MSC Canada
280 Albert Street, Suite 601, Ottawa, ON K1P 5G8
Tel: 613.232.0492 Fax: 613.235.2793
Email: mcac@mcac.ca / info@servicecontractor.ca
Website: www.mcac.ca / www.servicecontractor.ca



COMPANY INFORMATION



COMPANY PROFILE

Please provide an approximate percentage representing the extent of your company's activity in the following areas: For example: Commercial 20% Industrial 5% Institutional 65% Residential 10%

Commercial _____% Industrial _____% Institutional _____% Hi Rise Residential _____%
Light Commercial _____% Residential _____% Other _____%

OUR COMPANY OFFERS (✓Please check all that apply)

- Service Contractor (MSCC) Service _____%
- New Construction (MCAC) Design Build _____% Bid Spec _____%

REFERENCES

Please provide three (3) supplier references:

Please provide three (3) customer/client references:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPANY NAME	CONTACT	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION

I/We hereby make application for membership in the Mechanical Contractors Association of Canada including the service division, Mechanical Service Contractors of Canada, and agree to abide by its constitution and by-laws and to cooperate with the Association in all its aims and objectives to strengthen the mechanical construction industry. The required dues are enclosed.

Date: _____ Signature: _____

Name & Title: _____



MECHANICAL CONTRACTORS ASSOCIATION OF CANADA

MECHANICAL SERVICE CONTRACTORS OF CANADA
(MSCC is a division of MCA Canada)



MECHANICAL CONTRACTOR

Direct/Active-At-Large Membership Application

DUES CALCULATION AND DECLARATION FORM

Membership dues are calculated according to payroll volume. To determine your membership dues, consult your **WCB EMPLOYER PAYROLL REPORT** for the year 2015 and refer to the amount in **Gross Payroll Portion**. Using this total, please select the applicable dues category from the table below:

WSIB BOX 1 (\$ Millions)	Annual Membership Dues Active-At-Large
< \$1M	\$ 975
\$1M – 2M	\$ 1,975
\$2M – 3M	\$ 3,975
\$3M – 4M	\$ 5, 975
\$4M – 5M	\$ 7,975
\$5M – 7M	\$ 11,975
\$7M – 9M	\$ 15,975
> \$10M	\$ 19,975

Your Membership Dues cover a 12 month period from the date your application is accepted.

* Please enter the amount of the new MCAC/MSCC Annual Membership Dues on the enclosed invoice (see next page) and remit the funds to MCAC *

DECLARATION

I declare that my company's payroll volume is accurate according to my **WCB EMPLOYER PAYROLL REPORT** or **WSIB EMPLOYER RECONCILIATION FORM** for year 2015. I understand that MCAC's/MSCC's Annual Membership Dues on the enclosed form and remit the funds to MCAC.

I can verify this by (you must choose one of the following options):

- Enclosing a copy of my WCB EMPLOYER PAYROLL REPORT or WSIB EMPLOYER RECONCILIATION FORM for year 2015
- This form is notarized to verify it agrees with my WCB EMPLOYER PAYROLL REPORT or WSIB EMPLOYER RECONCILIATION FORM for the year 2015
- Authorizing WCB, WSIB and/or an independent 3rd party to verify that my payroll declaration is correctly reported

I have completed the invoice on the next page, chosen my payment method (please make cheque payable to MCA Canada), and, if applicable, am enclosing all other requested forms. Please note that MSCC is a division of MCA Canada.

Signature

Company Name

Name (Please Print)

Date