



Application Form

ASSOCIATE MEMBERSHIP

Mechanical Contractors Association of Canada

ASSOCIATE MEMBERSHIP

Company Information

Date: _____

Company Contact: _____

Title: _____

Company Name: _____

Company Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Tel: _____ eMail: _____

Fax: _____ Web Site: _____

Type of Business

Manufacturer Manufacturer's Agent Wholesale Distributor

Other: _____

Please describe your main products and services _____

Membership Fees

ANNUAL MEMBERSHIP FEE:	\$975.00
PLUS 13% H.S.T. (B.I.N. #: 124 973 520)	\$126.75
TOTAL AMOUNT ENCLOSED	<u>\$1,101.75</u>

METHOD OF PAYMENT: (Please one)

Cheque (Please make payable to MCA Canada)

Visa MasterCard American Express

Cardholder Name: _____

Card #: _____

Expiry Date: _____

Authorized Signature: _____

For Immediate Processing Please Fax This Form To: **613.235.2793**

Please Return To

Mechanical Contractors Association of Canada

280 Albert Street, Suite 804 Ottawa, Ontario K1P 5G8

Phone: 613.232.0492 fax: 613.235.2793

eMail: mcac@mcac.ca Website: www.mcac.ca

