

Application Form

Mechanical Contractors Association of Canada

ASSOCIATE MEMBERSHIP

For companies who deliver products and/or services to contractors on Canada

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

METHOD OF PAYMENT: (Please one)

- Cheque (Please make payable to MCA Canada)
- Visa MasterCard American Express

ANNUAL MEMBERSHIP FEE: \$ 1,000.00
13% H.S.T. (B.I.N. #: 124 973 520) \$130.00

TOTAL AMOUNT ENCLOSED **\$1,130.00**

Note: \$25.00 of your dues will go to the annual Associate Scholarship

Cardholder Name: _____

Card #: _____

Expiry Date: _____

Authorized Signature _____

Please Return To

Mechanical Contractors Association of Canada
280 Albert Street, Suite 701 Ottawa, Ontario K1P 5G8
Phone: 613.232.0492 Fax: 613.235.2793
eMail: mcac@mcac.ca Website: www.mcac.ca