

# 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)

☐ EFT ☐ MasterCard ☐ Visa

**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 #: \_\_\_\_\_ CVC # \_\_\_\_\_

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: [jessica@mcac.ca](mailto:jessica@mcac.ca) Website: [www.mcac.ca](http://www.mcac.ca)