

Application Form for Associate Membership

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

Company Informat	ion				
Company Name Main Address Address Address line 2 City Province / State Country Postal Code / Zip					
Is this the Applicant'	s Head Office	Address (check b	ox) □Yes	□No	
Main Contact to Mo	CA Canada				
Full Name					
Phone Number Email					
Title					
Secondary Contact					
Full Name					
Phone Number Email					
Title					
Type of Business (cl	heck all that a	pply)			
☐ Acquisition Assoc	ciation \Box Bo	ilers and Water h	eaters Consult	ant Firm	□Distributor
☐Gas Distributor	\Box HVAC	□Hydronics	\Box Industry	News	□Insurance/Legal
□Manufacturing	□Phone Serv	vices	and Pipefitting	□Plu	mbing
☐ Service Provider	\Box Software	☐Technology 1	Provider \(\square\)	Tools and	Supplies
☐Water Control Sys	stem \(\subsetem \)	nolesaler	□Workwear / PP	E	



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Question 1: Please tell u	us more of your Company's background?
Question 2: Why would	l you like to become an Associate Member?
Membership Dues Info	rmation
_	250.00 plus applicable taxes, note: \$25.00 of your dues will go to the annual
* *	from August to December will have their dues prorated to cover the remainder require to a prepayment for the upcoming year's membership dues.
Method of Payment	
☐Cheque (Please make	payable to MCA Canada) □ ETF / Wire
☐Master Card* ☐	Visa * subject to processing fees
Cardholder Name	
Card #	
Expiry Date	
CVC	
Authorized Signature	

Return Form to: Mechanical Contractors Association of Canada 280 Albert Street, Suite 701 Ottawa, Ontario K1P 5G8 or eMail: jessica@mcac.ca