



# 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

<b>ANNUAL MEMBERSHIP FEE:</b>	<b>\$700.00</b>
<b>PLUS 5% G.S.T. (B.I.N. #: 124 973 520)</b>	<b>\$ 35.00</b>
<b>TOTAL AMOUNT ENCLOSED</b>	<b><u>\$735.00</u></b>

**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 601 Ottawa, Ontario K1P 5G8

Phone: 613.232.0492 fax: 613.235.2793

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

