

## Affiliate Member Application Form

Company						
Contact						
Address						
City						
Postal Code						
Telephone						
Email						
Website						
How	long has your compa	ny been in operatio	n?			
Please indicate your type of business:						
	Distributor		Ν	Aunicipality		
	Manufacturer		V	Wholesaler		
	Manufacturer's Agent					
	Other:					

Please continue to the next page.

Unit #2 – 2412 Faithfull Avenue, Saskatoon, SK S7K 4A6 T. 306-664-2154 E. <u>admin@mca-sask.com</u> <u>www.mca-sask.com</u>

## **INDUSTRY FOCUSED. MEMBER DRIVEN.**



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Membership Dues Remittance (G.S.T. #R107686339)

Membership fees are as follows:

Type of Business	MCAS Membership Fee			
Wholesaler	\$1000 + GST			
Distributor	\$500 + GST			
Manufacturer	\$500 + GST			
Manufacturer's Agent	\$500 + GST			
Municipality	\$500 + GST			

Method of Payment	Cheque			Invoice		
		VISA		MasterCard		
Card Number						
Expiry Date	CVV					
Card Holder Name						
Signature						

The undersigned hereby makes application for membership in the Mechanical Contractors Association of Saskatchewan Inc., an Employers' organization. The applicant agrees that, upon approval of this application by the Board of Directors, will pay membership dues in accordance to the fee structure above and will at all times comply with the rules, regulations, constitution and bylaws of the Association as the same are from time to time in force and will actively engage in promoting the objectives and interests of the Association.

Signature	
Print Name	
Title	
Date	

Please send completed form by email or mail to the address below.

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