

Please complete this application and return it to the Association office. Your application will be presented to the Board of Directors and General Membership of the Association for approval.

	APPLICATION FO	R ME	EMBERS	HIP			
Company Name							
Key Contact							
Address							
			1				
Phone		Fax			Cell		
Email			Website				
Membership Categories				Dues			
Contractor – your monthly IAF remittances will be tracked and a bill will be issued, if required, to bring your annual contributions to \$750.00				IAF with a minimum of \$750.00 annual contribution			
Manufacturer or Supplier – please remit this amount along with your membership application. The cheque will be cashed once your application is approved.					\$1500.00		
	To be completed by	Contra	actors On	ly!			
Principals of Company	President						
	Vice-President						
	Secretary/Treasurer			ı			
Are you signatory to Alberta Painting Collective Agreement				Yes	;	No	
City Business License #							
Has your company had a name change or filed for bankruptcy in the last two years?							
Name of Insurance Carrier							
Amount of 3 rd Party Liability Insurance							
Year this company commenced business							
Does your company maintain Safety Certification (COR or SECOR)?							
We the undersigned, do hereby make application for membership in the Alberta Coating Contractors Association We agree to abide by the By-Laws & Ethics of the Association, to pay all duly levied dues and assessments, and to co-operate in the activities of the Association to further it's objectives within the limits provided by the By-Laws. Where the Alberta Coating Contractors Association holds the REO status, we further fully understand that the Alberta Coating Contractors Association acts as our bargaining agent.							
Signed		Ti	itle				
Name (Printed)		D	ate				