



Ontario Sheet Metal Contractors Association

30 Wertheim Court # 26 | Richmond Hill ON | L4B 1B9 | ph (905) 886-9627 fax (905) 886-9959



MEMBERSHIP APPLICATION

Name of Company: _____

BUSINESS ADDRESS – Head Office

BUSINESS ADDRESS – Ontario Office (Complete if Head Office is outside of Ontario)

Street Number, Street, Unit

Street Number, Street, Unit

Municipality, Province

Municipality, Province

Postal Code

Postal Code

Website Address

Website Address

email

email

Business Telephone

Business Telephone

Fax Number

Fax Number

OFFICERS of COMPANY

Title

Name

Title

Name

Title

Name

Title

Name

Has the Company or an individual officer of the Company held, prior to this application, an Agreement with a Local Union of the Ontario Sheet Metal Workers and Roofers Conference?

YES NO If yes, when and under what Company Name(s)?

Company: _____ Dates: _____

Company: _____ Dates: _____

COMPANY REPRESENTATIVE TO THE ASSOCIATION

Each member shall authorize one person to be its representative on the Association and no member shall be entitled to more than one authorized representative at any one time. A member may change its authorized representative at any time by notice in writing addressed to the Executive Director.

_____		Name
_____	_____	email
Telephone		

TERMS and CONDITIONS

The Company hereby applies for membership in the Ontario Sheet Metal Contractors Association.

The Company agrees to abide by the Constitution and By-laws of the Association.

The Company agrees to abide by the terms of the Provincial Collective Agreement between the Ontario Sheet Metal Contractors Association and the Ontario Sheet Metal Workers and Roofers Conference.

This application for membership in the Association requires approval of the local association recognized by the Association to represent the membership of the geographic area in which the applicant Company resides.

The Company is currently a member of the Local Association YES NO

SUBMITTED THIS _____ DAY OF _____ YEAR

Name of Company _____

Signing Officer _____ Signature

_____ Name _____ Title

Accepted on Behalf of

_____ Local Association

_____ Title _____ Signed _____ Date

Accepted on Behalf of ONTARIO SHEET METAL CONTRACTORS ASSOCIATION

President _____

_____ Signed _____ Date

Director _____

_____ Signed _____ Date

COMPANY PROFILE

Name of Company: _____

THIS INFORMATION IS REQUIRED FOR THE ASSOCIATION DIRECTORY

CONTRACTOR

MANUFACTURER

INDUSTRY SECTOR in Percentage

INDUSTRIAL	%	COMMERCIAL	%
_____		_____	
INSTITUTIONAL	%	OTHER	%
_____		_____	

DESCRIPTIVE OF TYPE OF TRADE WORK in Percentage

Architectural Sheet Metal	ASM	%
Custom Fabrication	CF	%
Commercial Heating, Ventilation, Air Conditioning	HVAC	%
Industrial Sheet Metal	ISM	%
Kitchen Equipment (Food Service)	KIT	%
Manufacturing (HVAC and Related Components)	MFG	%
Service	S	%
Siding and Decking	SD	%
Testing and Balancing	TB	%
Coping, Flashing	CFI	%
Other (please specify)	Other	%

OTHER TRADES PERFORMED BY COMPANY

- | | | |
|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> AC / Refrigeration | <input type="checkbox"/> Controls | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Heating | <input type="checkbox"/> Millwright |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roofing | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Other (Specify) | | |