



ASSOCIATE MEMBERSHIP APPLICATION

Name of Company:	
Address:	
	Street Number, Street, Unit
	Municipality, Province
	Postal Code
	Website Address
	Business Telephone
	Eav Number

COMPANY REPRESENTATIVE TO THE ASSOCIATION

Each member shall authorize one person to be its representative on the Association. A member may change its authorized representative at any time by notice in writing addressed to the Executive Director.

Name			
Telephon	9	email	
TERMS and CONDITIONS			
The Company here Association.	by applies for associate membership in the	Toronto Sheet Metal Contractors	
The Company agrees to abide by the Toronto Sheet Metal Contractors Association Code of Ethics.			
The Company agrees to pay the annual membership to maintain associate membership.			
SUBMITTED THIS	DAY OF	YEAR	
Signing Officer	Signature		
-	Name	Title	
Accepted on Behalf of TORONTO SHEET METAL CONTRACTORS ASSOCIATION			
President	Cigned	Data	