

APPLICATION FOR ASSOCIATE MEMBERSHIP

I/we hereby apply for membership in the **Crane Rental Association of Ontario**, with all the rights and privileges pertaining thereto, and if selected, agree to conform to the By-laws enacted or to be enacted, for the governance of its members.

| COMPANY: | |
|--|--------------------------|
| ADDRESS: | |
| PHONE: | FAX: |
| WEB SITE: | E-MAIL: |
| REPRESENTATIVE: | |
| ADDITIONAL REPRESENTATIVE(S): | |
| TYPE OF BUSINESS: | |
| ASSOCIATE MEMBERSHIP FEE: | |
| 2017 MEMBERSHIP DUES: HST 13% | \$350.00 <u>45.50</u> |
| TOTAL: | \$395.50 |
| (Crane Rental HST Reg. No. R124357757) | |
| Please make cheque payable to: Crane Rental Association of Ontario | |
| Visa/Master Card#: | Exp. Date |
| Name on Credit Card: | |
| DATE: | |

70 Leek Crescent Richmond Hill, ON L4B 1H1