

## 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