

# APCA MEMBERSHIP APPLICATION FORM

- New Members Only -

## \* Please complete all information attach the following:

- Liability Insurance Certificate
  - WCB Clearance Letter
  - City Business Licence

There are two classes of membership of the Association:

**Regular Members:** Full members are corporations or other legal entities engaged in the pursuit of painting and decorating. A full member, being a member in good standing for at least 90 days prior to any General Meeting, is entitled to one vote at that General Meeting and is eligible to hold office in the Association.

Associate Members: Associate members are corporations or other legal entities engaged in the pursuit of *activities related to* the painting and decorating industry. An associate member, being a member in good standing for at least 90 days prior to any General Meeting, is entitled to one vote at that General Meeting and is eligible to hold office in the Association

## **GENERAL COMPANY INFORMATION:**

Company:	Website:	
Street Address:	City Business License Number:	
City, Prov., Postal:	* Liability Insurance Company:	
Main Phone:	Liability Policy Number:	
Main Fax:	* WCB Account No.:	
Main E-mail:		

## COMPANY MAIN CONTACT INFORMATION:

Name:	Direct:	
E-mail:	Cell:	

## SCOPE OF WORK (circle):

Residential	Specialty Finishes	Repaint	New	Commercial	Wall Coverings	Industrial
-------------	--------------------	---------	-----	------------	----------------	------------

STAFF CREDENTIALS (circle): Journeyman Ticketed Painters 5-Year Equivalent

## **PAYMENT INFORMATION:**

Membership Type	ship Type Term Cost GST (RT 897414066)		Total	
Paint Contractor*	2-year (Initial)	\$950.00	\$47.50	\$997.50
Supplier	1-year	\$475.00	\$23.75	\$498.75

\* First time members pay for a 2-year term; consecutive renewals will be billed at the 1-year membership rate.

□ Cheque enclosed made payable to APCA (All NSF cheques are subject to a \$30 service fee + any bank charges)						
Please charge to	o my:	Visa 🗆	MasterCard		American Express 🗆	
Card Number:		Expiry Date:		CVV/CVD:		
Name on Card (please print):		Signature:				