

BUILDING Support and Service for our Members

34 Scott Street West St. Catharines, ON L2R 1C9 905-682-6661 office@niagaraconstruction.org www.niagaraconstruction.org

## 2025 MANUFACTURERS, SUPPLIERS AND SERVICES APPLICATION

**BUSINESS INFORMATION** 

COMPANY CONTACT INFORMATION	N:		
Company Name:		Date Commenced:	
Company Contact:		Position:	
Phone:		Fax:	
Email:		Website:	
Street Address:		Suite/Unit:	P.O. Box:
City:		Province:	Postal Code:
INDUSTRY SPECIFIC COMPANY O	CONTACTS:		
ACCOUNTING CONTACT			
Contact Name:		Email:	
HEALTH & SAFETY CONTACT			
Contact Name:		Email:	
TRAINING/EDUCATION/HR CONTAC	T		
Contact Name:		Email:	
YOUNG LEADER (under 40's) CONTA			
Contact Name:		Email:	
WOMEN IN CONSTRUCTION CONT	ACT	<b>–</b> 1	
Contact Name:		Email:	
MARKETING/SPONSORSHIP/EVENTS	CONTACT	<b>–</b> 1	
Contact Name:		Email:	
PROJECT/TENDER CONTACT Contact Name:		Email:	
	REFERENCE (Ba	ank, Supplier, etc	<u>.</u> )
Company:	Name:		Phone:
STARTING QUARTER *Pro-rated fees calculated when you join	ANNUAL MEM MANUFACTURERS, SUPPLIERS & SERVI *Renewals are invoiced annually, du		PGRADE MEMBERSHIP & SAVE! Access to the Electronic Room (EPR) is \$400 when sold separately
January - March	\$865 + HST (Full Year Members	ship) \$1,2	15 + HST
April - June	\$648 + HST	\$912	2 + HST
July - September	\$432 + HST	\$60	8 + HST
October - December	\$216 + HST	\$30	4 + HST
PAYMENT INFORMATION			

\*I, the undersigned, hereby make application for membership in NIAGARA CONSTRUCTION ASSOCIATION, with all rights and privileges thereto. I agree to the Charter, By-Laws and Regulations thereof in force from time to time.

Signature:

Signature of Applicant:

Card Holder Name:

Visa/MasterCard/AMEX #:

Expiry Date:

Security Code: