

BUILDING Support and Service for our Members

Date:

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

2024 PROFESSIONAL APPLICATION

Signature of Applicant:

COLUBANIV CONTA CT II TOOL I TOO	BUSINESS INFORMAT	TON	
COMPANY CONTACT INFORMATION: Company Name:		Date Commenced:	
Company Contact:			
Phone:	Position: Fax:		
Email:	Website:		
Street Address:	Suite/Unit	· D (). Box:
	Province:		stal Code:
City:		PUS	star Code.
INDUSTRY SPECIFIC COMPANY CON	TACTS:		
ACCOUNTING CONTACT Contact Name:	Email:		
HEALTH & SAFETY CONTACT	Liliali.		
Contact Name:	Email:		
TRAINING/EDUCATION/HR CONTAC			
Contact Name:	Email:		
YOUNG LEADER (under 40's) CONTA	CT		
Contact Name:	Email:		
Women in construction conta			
Contact Name:	Email:		
Marketing/sponsorship/events			
Contact Name:	Email:		
PROJECT/TENDER CONTACT	F 'L		
Contact Name:	Email:		
	REFERENCE (Bank, Sup	plier, etc.)	
Company:	Name:	Phone:	
STARTING QUARTER Pro-rated fees calculated when you join	ANNUAL MEMBERSH PROFESSIONAL MEMBERSHIP *Renewals are invoiced annually, due Jan. 31st		& SAVE! Access to the Electron when sold separately
January - March	\$480 + HST (Full Year Membership)	\$830 + HST	
April - June	\$360 + HST	\$622.50 + HST	
July - September	\$240 + HST	\$415 + HST	
October - December	\$120 + HST	\$207.50 + HST	
	PAYMENT INFORMAT	ION	
Card Holder Name:	Signature:		
Visa/MasterCard/AMEX #:	J	Security Code:	Expiry Date: