



APPLICATION FOR ASSOCIATE MEMBERSHIP

MEMBERSHIP QUALIFICATIONS

The Applicant, _____ is

an individual,

a partnership,
(Please check applicable category)

a corporation

located in the Province of Ontario whose purpose is to provide materials, equipment, education or training or other technical services to the Heating, Ventilation, Refrigeration and Air Conditioning Industry.

The Applicant hereby applies for an Associate Membership in the **Ontario Refrigeration and Air Conditioning Contractors Association (ORAC)**.

The Applicant agrees, if this application is accepted, to be bound and to abide by the Letters Patent, Constitution, By-Laws and Regulations of ORAC and to any resolutions of the Board of Directors or the membership of ORAC now or hereafter in force in the future.

The Applicant agrees, if this application is accepted, to do the following to maintain its membership in ORAC:

- attend in person or by proxy at least one ORAC membership meeting in each and every calendar year;
- abide by the Terms and Conditions for an Associate Member now or hereafter in force in the future;
- respond when called upon to serve the interests of ORAC; and
- to conduct its business in accordance with ORAC's Code of Ethics.

The Applicant agrees that its failure to abide by the four (4) membership conditions, or such other reason as the Board of Directors considers sufficient, may result in the termination of its membership in ORAC.

1. The Applicant's Business Address:

2. The Applicant's Head Office Address: (if different from above)

3. The Applicant's Telephone, Facsimile Numbers, and e-mail address:

Tel: _____ Fax: _____
e-mail: _____

4. Number of Years in Operation Under the Above Name: _____

5. If the Applicant is a Corporation, its' Officers are:

| | |
|-------|----------------|
| _____ | President |
| _____ | Vice-President |
| _____ | Secretary |
| _____ | Treasurer |

6. If the Applicant is a Partnership, the Partners are:

| Names | Telephone Numbers |
|-------|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. The Applicant's Representative to ORAC will be:

| | |
|-------|------------------|
| Name | Telephone Number |
| _____ | _____ |
| Title | |
| _____ | |

REFERENCES

The Applicant hereby authorizes ORAC to obtain three (3) references, one (1) each from a supplier, a bank and a customer, as to its status in the industry. The Applicant's references are:

Supplier Reference: _____
Name Telephone

Address Postal Code

Bank Reference: _____
Name Telephone

Address Postal Code

Customer Reference: _____
Name Telephone

Address Postal Code

MEMBERSHIP FEES AND DUES

The Applicant agrees to pay such fees and dues to ORAC as are determined from time to time by the Board of Directors. The Board of Directors has established an **Initiation Fee of \$1,500.00** and **Annual Membership Dues of \$1,500.00. Please include 13% H.S.T.** (R-126326107 RT). The Applicant encloses, with this application, a cheque in the amount of **\$3,390.00** to cover the above.

Please Note: Annual Membership dues are prorated, at Quarter Year intervals, at the time of Application.

CERTIFICATION

The Applicant certifies that all of the above information provided by it is true and is a complete representation of the facts concerning this application.

Submitted by: Name: *(Please Print)* _____
Signature _____
Title: _____
Date: _____

ASSOCIATION USE ONLY

Approved on Behalf of the Association:

| | |
|-------|-------|
| _____ | _____ |
| Name | Title |
| _____ | |
| Date | |

CREDIT CARD PAYMENT AUTHORIZATION

VISA MASTERCARD AMEX

Name of Card Holder (Print) _____

Card No.: _____

Expiry Date: _____ Amount _____

Signature: _____

Date: _____