

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 REPRESENTAT	IVE(S):
TYPE OF BUSINESS:	
ASSOCIATE MEMBERSHI	P FEE:
2018 MEMBERSHIP DUES: HST 13%	\$350.00 45.50
TOTAL:	\$395.50
(Crane Rental HST Reg. No. R12	4357757)
Payment by cheque to:	
Crane Rental Association of Or 70 Leek Crescent, Richmond H	
Payment by credit card:	
VISA/MASTERCARD Number	
Cardholder Name	
Expiry Date	