

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 Bylaws enacted or to be enacted, for the governance of its members.

COMPANY:		
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PHONE:	FAX:	EMAIL:
WEBSITE:		
REPRESENTATIVE/TITE	.E:	
EMAIL:		
ADDITIONAL REPRES	ENTATIVE (S):	
TYPE OF BUSINESS: _		
	ASSOCIATE MEN	ABERSHIP FEE
	MEMBERSHIP DI	UES: \$350.00
	HST 13%:	\$45.50
	TOTAL:	\$395.50
	(Crane Rental HST Rec	g. No. R124357757)
Payment by cheque	e to:	
Crane Rental Assoc	iation of Ontario	
70 Leek Crescent, R	ichmond Hill ON L4B 1H1	
Payment by credit o	card (VISA/MASTERCARD):	
Credit Card #:		
Cardholder Name:		
Expiry Date (MM/YY	"):	
Submit application	to: Betty Ouan Administra	tor at bauan@teaconnect.com