

**BCWCA Membership Application Form** 

Contractor   Manufacturer   Dealer   Labour   Mfr. Rep   Other    Number of years in Business:  Applicants require the recommendation of three (3), minimum of two (2) current BCWCA member of standing (can be a Contractor, Dealer or Manufacturer):  1. I/WE,				DONO	T MICHIDOIS	THE APPLICE	ation			
Postal Code:  Cell:  Email:  Co. Representative:  Contractor	C	company Name	e:							
Cell: Email:  Co. Representative:    Industry Category: (Please tick one)	Α	ddress:			City:					
Co. Representative:    Contractor   Manufacturer   Dealer   Labour   Mfr. Rep   Other	P	ostal Code:			Teleph	none:				
ndustry Category: (Please tick one)  Contractor	C	ell:			Email:					_
Contractor   Manufacturer   Dealer   Labour   Mfr. Rep   Other    Number of years in Business:  Applicants require the recommendation of three (3), minimum of two (2) current BCWCA member good standing (can be a Contractor, Dealer or Manufacturer):  1. I/WE,	C	o. Representa	ıtive:		1					
Contractor   Manufacturer   Dealer   Labour   Mfr. Rep   Other    Number of years in Business:  Applicants require the recommendation of three (3), minimum of two (2) current BCWCA member good standing (can be a Contractor, Dealer or Manufacturer):  1. I/WE,	no	lustry Categor	y: (Ple	ease tick one)						
Applicants require the recommendation of three (3), minimum of two (2) current BCWCA member good standing (can be a Contractor, Dealer or Manufacturer):  1. I/WE,, HEREBY  (Print Company Name)  RECOMMEND, FOR BCWCA MEMBERSHIP.  (Print Applicant Name)				-	Dealer □	Labour		Mfr. Rep □	Other	
good standing (can be a Contractor, Dealer or Manufacturer):  1. I/WE,, HEREBY  (Print Company Name)  RECOMMEND FOR BCWCA MEMBERSHIP.  (Print Applicant Name)	Ν	lumber of year	s in B	usiness:						
(Print Company Name)  RECOMMEND FOR BCWCA MEMBERSHIP.  (Print Applicant Name)					Dealer or N		-	, HEREBY		
(Print Applicant Name)		(Print Company Na				•				
						<del></del>		MBERSHIP.		
Cianatura					,					
Signature:		Sig	nature	ə:						
2. I/WE,, HEREBY RECOMMEND	2.	I/WE,						, HEREBY	RECOMMEN	)
(Print Company Name) FOR BCWCA MEMBERSHIP.				(Print Comp	•		лЕМ	RERSHIP		
(Print Applicant Name)		(Print Ap	plican	t Name)	1 01	(	VIL.IVI	BEROIM:		
Cianatura		RECOMMEN	D				FOF	R BCWCA MEI	MBERSHIP.	
		Signature:								



3. I/WE,		, HEREBY RECOMMEND
(Print	Company Name)	
		FOR BCWCA MEMBERSHIP.
	(Print Applicant Name	<del>;</del> )
Signature:		
		the following: Three (3) industry references of necessarily BCWCA members)
. , .	eted projects undertaken by y f supplier/dealer of those proj	your company, including date of completion, name jects.
Contractor Applica	tions: Provide the followin	g:
<ul> <li>and telephone of</li> <li>Three (3) supplied</li> <li>numbers. Reference</li> <li>Company must he</li> <li>Applicants agree</li> </ul>	f supplier / dealer of those proper credit references complete ences to include at least 2 dealer are a minimum of 2 years of	with name, address, and contact telephone alers.  f operation in the wall and ceiling business.  ontact WorkSafeBC, WCB of Alberta, or OHSA to
-	re as per the attached <i>Memb</i> receipt of invoice or pay onl	pership Fee Structure. Please make cheque payable ine here:
of the Association and building industry and Association logo or	nd pledges support of the Ass d members in general. The u	abide by the Constitution, Bylaws and Code of Ethics sociation for the general good and welfare of the indersigned also agrees to use and display any remain an Association member in good standing. Inces being contacted.
☐ I have read	the terms of membership as	s per the BCWCA Code of Ethics
Signature:	Date:	

Please return the completed application to the BCWCA Head office at:

- BC Wall & Ceiling Association #112, 18663 52<sup>nd</sup> Ave, Surrey, BC, V3S 8E5
- admin@bcwca.org