



BCWCA Membership Application Form

Company Name: _____
 Address: _____ City: _____, BC
 Postal Code: _____ Telephone: _____ Fax: _____
 Cell: _____ Email: _____ Co. Representative: _____

INDUSTRY CATEGORY: (Please tick one)
 Contractor Manufacturer Dealer
 Labour Mfr. Rep. Other
 Number of years in business _____.(minimum 2 years)

Applicants require the recommendation of two (2) current BCWCA members in good standing (**at least one being a Contractor and one being a Dealer**).

I/WE, _____, HEREBY RECOMMEND
 (Print Company Name)

_____ FOR BCWCA MEMBERSHIP.

(Signature)

I/WE, _____, HEREBY RECOMMEND
 (Print Company Name)

_____ FOR BCWCA MEMBERSHIP. _____

(Signature)

General Applications: PLEASE ALSO ATTACH the following:

- Three (3) industry references complete with name, address and telephone (not necessarily BCWCA members)
- Three (3) completed projects undertaken by your company, including date of completion, name and telephone of supplier/dealer of those projects

Contractor Applications: Provide the following:

- Three (3) completed projects undertaken by your company, including date of completion, name and telephone of supplier / dealer of those projects
- Three (3) supplier credit references complete with name, address and contact telephone numbers. References to include at least 2 dealers
- Company must have a minimum of 2 years of operation in the wall and ceiling business
- Applicants agree to allow the Association to contact Worksafe BC, WCB of Alberta, or OHSAA to verify the applicant is "Registered" in good standing "as a Contractor".

Membership dues are as per the attached *Membership Fee Structure*. Please make cheque payable to the BCWCA upon receipt of invoice.

Upon acceptance, the undersigned promises to abide by the Constitution, Bylaws and Code of Ethics of the Association and pledges support of the Association for the general good and welfare of the building industry and members in general. The undersigned also agrees to use and display any Association logo or emblem only so long as they remain an Association member in good standing. I hereby consent to any of the above listed references being contacted.

I have read the terms of membership as per the BCWCA Code of Ethics

Signature: _____ Date: _____

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

BC Wall & Ceiling Association

Attn: Leesa Matwick
Unit #112, 18663 – 52nd Ave.
Surrey, BC V3S 8E5
Ph: (604) 575-0511
Fax: (604) 575-0544

Please do not write below this line – for Office Use Only

LM SI VI Dues: _____

Approved: _____
Chapter President Secretary/Treasurer

Canceled: _____
Chapter President Secretary/Treasurer