



**Scaffold Industry Association of Canada (Ontario Chapter) - Membership Application**

**Company Information:**

Company Name: \_\_\_\_\_ Year Est: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Names of Owners/Partners/Officers \_\_\_\_\_

Names of Person(s) Attending Meetings: \_\_\_\_\_

**Company Specializes In:** (Check all that apply)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Manufacturing       | <input type="checkbox"/> Supplier Safety             | <input type="checkbox"/> Equipment Rental        | <input type="checkbox"/> Scaffold Erection |
| <input type="checkbox"/> Containment         | <input type="checkbox"/> Training                    | <input type="checkbox"/> Shoring/Forming         | <input type="checkbox"/> Fall Protection   |
| <input type="checkbox"/> Window Cleaning     | <input type="checkbox"/> Engineering                 | <input type="checkbox"/> Design                  | <input type="checkbox"/> Consulting        |
| <input type="checkbox"/> Trade Association   | <input type="checkbox"/> Ladders                     | <input type="checkbox"/> Elevated Work Platforms | <input type="checkbox"/> Government        |
| <input type="checkbox"/> Suspended Platforms | <input type="checkbox"/> <b>Other Specify:</b> _____ |  |  |

**Membership Class & Fees**

**Class**

- Manufacturers, Suppliers and Contractors (Voting)
- Professional Engineers and Consultants (Voting)
- Out of Province (Not located in Ontario, Canada)

**Fees (Full Year)**

- \$950.00 (Plus, HST)
- \$550.00 (Plus, HST)
- \$550.00 (Plus, HST)

***\*Please make cheques payable to Scaffold Industry Association of Canada (Ontario Chapter).***

**Application is hereby made for membership in the Scaffold Industry Association of Canada and subject to my acceptance in the association, I promise to abide by the bylaws of the said organization, as amended from time to time, and understand that I will be entitled to all benefits and privileges of membership as specified in the bylaws of the association.**

**Certification**

I hereby certify that I have read this application and apply for membership.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to:**

**Current Treasurer: Graham Macleod**  
Email: [Treasurer@siac-ontario.com](mailto:Treasurer@siac-ontario.com)  
1670 Bonhill Rd., Mississauga,  
Ontario, L5T 1C8  
Tel.: 905-238-1900 Fax: 905- 362-1349  
Toll Free: 1-877-349-1900

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Classification: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Membership Period: \_\_\_\_\_  
Effective Date: \_\_\_\_\_