



SCAFFOLD INDUSTRY ASSOCIATION OF CANADA

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"/> System Scaffold | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Engineering | <input type="checkbox"/> Debris Netting |
| <input type="checkbox"/> Frame Scaffold | <input type="checkbox"/> Mast Climbing | <input type="checkbox"/> Training | <input type="checkbox"/> Safety Fence |
| <input type="checkbox"/> Swing Stage | <input type="checkbox"/> Shoring | <input type="checkbox"/> Enclosure Systems | <input type="checkbox"/> Union |
| <input type="checkbox"/> Powered Elevating Work Platforms | | | |

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)

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****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: Ryan Freedman

Email: Treasurer@siac-ontario.com

10 Lawton Boulevard, Toronto

Ontario, M4V 1Z4

Tel.: 416-660-0640

FOR OFFICE USE ONLY:

Date Received: _____

Received By: _____

Classification: _____

Amount: _____

Membership Period: _____