



# MEMBERSHIP FORM

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E Mail: \_\_\_\_\_ Web: \_\_\_\_\_

<u>Contractor</u>	<u>Units</u>	<u>Annual Dues</u>	+	<u>HST</u>	=	<u>Total</u>	
	1	\$ 390.00		\$46.80		\$ 436.80	Total number of pieces of equipment
	2	695.00		83.40		778.40	
	3	965.00		115.80		1080.80	or vehicles working _____
	4	1,285.00		154.20		1439.20	
	5	1,495.00		179.40		1674.40	
	6	1,795.00		215.40		2,010.40	
	7-8	2,095.00		251.40		2,346.40	Number of Employees* _____
	9-12	2,395.00		287.40		2,682.40	
	13-16	2,775.00		333.00		3,108.00	
	17-plus	2,995.00		359.40		3,354.40	
<b><u>Supply/service (# of Employees)</u></b>							
	15 or fewer	\$ 400.00		\$ 48.00		\$ 448.00	Number of Employees* _____
	16 or more	600.00		\$ 72.00		672.00	Number of Employees* _____
* Along with your receipt we'll send out Mark's WorkWearhouse and Summit Insurance Discount cards for each of your employees to use throughout 2010.							HST # R106887003

## Payment Options

Single Lump Sum Annual Payments can be made by cheque, credit card or debit; **OR** choose the Installment Plan below

\_\_\_ Visa/Master Card \_\_\_ American Express \_\_\_ Automatic Debit (enclose a blank cheque marked VOID)

One Annual payment \_\_\_\_\_ or Installments: \_\_\_ Monthly\* \_\_\_ Quarterly\*

\* all electronic installment payment charges will be made on the 10<sup>th</sup> of the month of the payment period

Amount total \$ \_\_\_\_\_ 1 payment; or \$ \_\_\_\_\_ monthly; or \$ \_\_\_\_\_ quarterly

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*Confidentiality: CILA will protect your banking information under the highest security and will not store in a location to which there is outside access.*

**For our Membership Directory please fill in the following:**

**Type of operations & operating area (e.g. city or region)**

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(e.g. Stump-to-dump contractor, etc – Quesnel/Prince George area)

**Logging/Hauling Contractors:**

**Annual volume harvested or hauled, logging methods, haul configurations, etc.**

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(e.g. offering cut-to-length/log long harvesting, hauling services, SAFE Certified, silviculture prep work, etc)

**Supply/service (type of service you provide)**

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**SAFE Certified? \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Pending**