

PETERBOROUGH and DISTRICT CONSTRUCTION ASSOCIATION



MEMBERSHIP APPLICATION

COMPANY NAME: _____ DATE: _____

MAILING or STREET ADDRESS: _____ CITY: _____

POSTAL CODE: _____ TEL: _____ FAX: _____ EMAIL: _____

CLASSIFICATION: Check One

GROUP 1: General Contractor <input type="radio"/>	GROUP 2: General Trades <input type="radio"/>	GROUP 3: Mechanical Trades <input type="radio"/>
GROUP 4: Electrical Trades <input type="radio"/>	GROUP 5: Manufacturing, Suppliers, & Services <input type="radio"/>	

MEMBERSHIP: Check One

<p style="text-align: center;">Membership <input type="radio"/> \$898.35</p> <p><small>(Open to firms and individuals as may come within the scope of one or more of the groups listed above and carrying on business within the City and Counties of Peterborough, City of Kawartha Lakes, Northumberland, Hastings, Haliburton, and Durham Region)</small></p>	<p style="text-align: center;">Associate Membership <input type="radio"/> \$762.75</p> <p><small>(Open to firms and individuals not residing or carrying on business within the City and Counties of Peterborough, City of Kawartha Lakes, Northumberland, Hastings, Haliburton, and Durham Region)</small></p>
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Number of Years in business: _____	Describe your Company: Corporation <input type="radio"/>	Sole Owner <input type="radio"/>	Partnership <input type="radio"/>	Other <input type="radio"/>
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(Applicant must have been in business a minimum of one (1) year before applying for membership)

Representative's Name: _____ Title: _____

We hereby state our willingness to co-operate with and be governed by the Constitution, By-Laws, and Policies of the Peterborough and District Construction Association, and agree not to participate in any unfair business practices, and to unite with the section of each trade in which we are employees and co-operate with the said groups.

Signature: _____

Company President: _____

Secretary: _____

Treasurer: _____

Name and Address of _____

Major Supplier(s): _____

Applicants must be recommended in WRITING, by two (2) active members of the PDCA. Application form, letters of recommendation, and a cheque for the applicable fee must be returned to the Office at the address below.

1) Letter of Recommendation From:

_____ Name of Firm _____ How Long Known _____

Projects Worked on Together: _____

2) Letter of Recommendation From:

_____ Name of Firm _____ How Long Known _____

Projects Worked on Together: _____

PDCA Office Use Only

Accepted by: Section Chair: _____ Date: _____

Membership Chair: _____ On behalf of Board: _____

President or Vice-President