



# Canadian Elevator Contractors Association

## Membership Application

### Application Information

Firm: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street/Address \_\_\_\_\_ Unit # \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_ County: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Website: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_  
Structure (Ltd., Co., Prop., Other): \_\_\_\_\_  
Other Officers: \_\_\_\_\_  
Operational Territory: \_\_\_\_\_  
Approximate No. of Employees: \_\_\_\_\_ Approximate No. of Field Employees: \_\_\_\_\_  
Brief description of services and /or products: \_\_\_\_\_  
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Parent Company: \_\_\_\_\_  
Accredited Branch Office(s) Located: \_\_\_\_\_

### Membership Classification

*Please review the basic qualifying requirements for membership of C.E.C.A. After doing so, please indicate below the classification of which application is being made.*

Application is hereby made:

Contractor Membership       Supplier Membership   
Subscription Membership       Dual Membership

### Agreement

**We agree, if accepted, to be governed by the Constitution and by-Laws of the Association and to promote the purposes thereof. We further agree that we shall adhere to the Code of Ethical Practices of the Association and to understand that such adherence is a prerequisite to becoming ( and remaining ) a member in good standing.**

Firm Name: \_\_\_\_\_ Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Sponsor: \_\_\_\_\_ Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Sponsor: \_\_\_\_\_ Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Regional Chairman: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved by Membership Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail the signed application along with your cheque payable to:

**Canadian Elevator Contractors Association**  
5762 Highway 7 East  
P.O. Box 54058  
Markham, Ontario, Canada  
L3P 7Y4