

APPLICATION FOR ASSOCIATE MEMBERSHIP

I/we hereby apply for membership in the Crane Rental Association of Ontario, with all the rights and privileges pertaining thereto, and if selected, agree to conform to the Bylaws enacted or to be enacted, for the governance of its members.

| COMPANY: | | |
|---------------------|---------------------------|-----------------------------|
| ADDRESS: | | |
| CITY: | PROVINCE: | POSTAL CODE: |
| PHONE: | FAX: | EMAIL: |
| WEBSITE: | | |
| REPRESENTATIVE/TITE | .E: | |
| EMAIL: | | |
| ADDITIONAL REPRES | ENTATIVE (S): | |
| TYPE OF BUSINESS: _ | | |
| | ASSOCIATE MEN | ABERSHIP FEE |
| | MEMBERSHIP DI | UES: \$350.00 |
| | HST 13%: | \$45.50 |
| | TOTAL: | \$395.50 |
| | (Crane Rental HST Rec | g. No. R124357757) |
| Payment by cheque | e to: | |
| Crane Rental Assoc | iation of Ontario | |
| 70 Leek Crescent, R | ichmond Hill ON L4B 1H1 | |
| Payment by credit o | card (VISA/MASTERCARD): | |
| Credit Card #: | | |
| Cardholder Name: | | |
| Expiry Date (MM/YY | "): | |
| | | |
| Submit application | to: Betty Ouan Administra | tor at bauan@teaconnect.com |