



APPLICATION FOR PROVINCIAL MEMBERSHIP

MEMBERSHIP QUALIFICATIONS

The Applicant, _____ is

an individual

a partnership

a corporation

(please check applicable category)

in a business as a contractor selling, erecting, installing, altering, repairing, servicing or maintaining refrigeration and air conditioning equipment in connection with industrial, commercial, institutional or residential projects.

The Applicant hereby applies for a membership in the **Ontario Refrigeration and Air Conditioning Contractors Association (ORAC)**.

The Applicant agrees, if this application is accepted, to be bound and to abide by the Letters Patent, Constitution, By-Laws and Regulations of ORAC and to any resolutions of the Board of Directors or the membership of ORAC now or hereafter in force, and to the terms of any Collective Agreement that may be in force now or in the future between the Association and the Trade Union.

The Applicant hereby agrees, if this application is accepted, to do the following to maintain its membership in ORAC:

- attend in person or by proxy at least one ORAC membership meeting in each and every calendar year;
- indemnify ORAC Officers, Directors and Committee Members on any Committee action;
- field personnel to be trained by the J.T.A.C. (Joint Training and Apprenticeship Committee) and abide by the rules and directions of said Committee;
- respond when called upon to serve the interests of ORAC; and
- to conduct its business in accordance with ORAC's Code of Ethics.

The Applicant agrees that its failure to abide by the five (5) membership conditions, or such other reason as the Board of Directors considers sufficient, may result in the termination of its membership in ORAC.

1. The Applicant’s Business Address:

2. The Applicant’s Head Office Address: (if different from above)

3. The Applicant’s Telephone and Facsimile Numbers:

Tel: _____ Fax: _____

E-mail: _____

4. Number of Years in Operation Under The Above Name: _____

5. If the Applicant is a Corporation, its’ Officers are:

_____	President
_____	Vice-President
_____	Secretary
_____	Treasurer

6. If the Applicant is a Partnership, the Partners are:

Names:	Telephone Numbers
_____	_____
_____	_____

7. The Applicant’s Representative to ORAC will be:

Name: _____	Telephone Number _____
Title: _____	

8. Average Number of Mechanics and Apprentices Employed During a Calendar Year Period: _____

REFERENCES

The Applicant hereby authorizes ORAC to obtain three (3) references, one (1) each from a supplier, a bank and a customer, as to its status in the trade. The Applicant’s references are:

Supplier Reference: _____ Name _____ Telephone _____

_____ Address _____ Postal Code _____

Bank Reference: _____ Name _____ Telephone _____

_____ Address _____ Postal Code _____

Customer Reference: _____ Name _____ Telephone _____

_____ Address _____ Postal Code _____

MEMBERSHIP FEES AND DUES

The Applicant agrees to pay such fees and dues to ORAC as are determined from time to time by the Board of Directors. The Board of Directors has established an **Initiation Fee** of **\$1,500.00** and **Annual Membership Dues** of **\$500.00**. **Please include 13% H.S.T.** (R-126326107 RT). The Applicant encloses, with this application, a cheque in the amount of **\$2,260.00** to cover the above.

CERTIFICATION

The Applicant hereby certifies that all of the above information provided by it is true and is a complete representation of the facts concerning this application.

Submitted by: Name (Please Print) _____
Signature _____
Title _____
Date _____

ASSOCIATION USE ONLY

Approved on Behalf of the Association

Name _____
Title _____
Date _____

CREDIT CARD PAYMENT AUTHORIZATION

VISA MASTERCARD AMEX

Name of Card Holder (Print) _____
Card No.: _____
Expiry Date: _____ Amount _____
Signature: _____
Date: _____