



CONSTRUCTION ASSOCIATION OF THUNDER BAY
 857 N. MAY STREET - THUNDER BAY, ONTARIO - P7C 3S2
 TEL. (807) 622-9645 FAX: (807) 623-2296 www.catb.on.ca
 INCORPORATED 1949



MEMBERSHIP APPLICATION FORM

We, the undersigned, hereby make application for membership in the Construction Association of Thunder Bay (CATB), and organization of General Contractors, Trade Contractors, Manufacturing and Supply firms, and other Industries and Services. We agree to conform to and abide by the Constitution and Bylaws of the Association now or hereafter in force if this application is accepted. [REVISED October 2023]

COMPANY NAME: _____ APPLICATION DATE: _____

PRIMARY Contact Person: _____ Title: _____

Address: _____ City: _____ Prov. _____

Postal Code: _____ Phone: () _____ Fax: () _____

PRIMARY Contact Email: _____ Company Website: _____

Has your company previously been a member of the Construction Association: Yes: _____ No: _____

Type of Business (Industry): _____ Is your company Local _____ or Corporate _____

Brief Description of the services your company provides (to be used in online directory): _____

Date Company Established: _____ Total # Employees: _____

Are your employees covered by any union agreement? Yes: ___ No: ___ If yes, name _____

References Required – List 2 current CATB member firms with contact person. (firm name, contact and phone)

Reference #1 _____

Reference #2 _____

MEMBERSHIP CATEGORY) Choose One # _____

- 1. ALLIED PROFESSIONALS \$520.00 + HST
- 2. ARCHITECT, ENGINEER, DESIGNER \$550.00 + HST
- 3. GENERAL MEMBERSHIP (GC, TC, MS) \$1,100.00 + HST

PAYMENT OPTIONS: **Cash, Cheque, Visa, Mastercard, American Express**
 Please contact the office to arrange payment upon application submission.
 Membership will be confirmed after payment has been processed.

How would you prefer to receive invoices? EMAIL: _____ POSTAL MAIL: _____

Accounting Contact Name: _____ EMAIL: _____

NOTE: Payment for membership must be made prior to application being put to the Board for approval.

For Association Use Only

Invoice #: _____ Payment made by: _____ Date: _____

Approved by President of Board of Directors: _____ Date: _____