



**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](http://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 December 2024]

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 \$550.00 + HST
2. ARCHITECT, ENGINEER, DESIGNER \$575.00 + HST
3. GENERAL MEMBERSHIP (GC, TC, MS) \$1,200.00 + 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.

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: \_\_\_\_\_