

## **Membership Application Form**

(Please Print or Type)

REPRESENTATIVE		
COMPANY		
MAILING ADDRESS		
COURIER ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE	FACSIMILE	
EMAIL	WEBSI	TE
ADDITIONAL BRANCH LOCATIONS		
NUMBER OF YEARS IN BUSINESS		
MARKET AREAS SERVED		
PRINCIPLE PRODUCTS		
I agree to abide by the Association's Code	of Ethics.	
Signature		Date
<b>Iembership Type and Fees</b> (Annual fees	ora for July 1 Juna 20)	
	•	
oting Membership, please specify: ☐Contra	actor ∐Distributor ∐Coi	nponent Supplier ☐ Testing/Inspection Agency <b>Fee:</b> \$500 plus 5% GST = \$525.00
Manufacturer Voting Membership (Main mate	erial suppliers of air/vapour	
		<b>Fee:</b> \$500 plus 5% GST = \$525.00
oting Membership, please specify:	Architect Engineer	Consultant Other:
		00 plus 5% GST = \$315.00
		•
on-voting Membership, please specify:	☐Architect ☐Engineer	Consultant Other:
JABA GST No. 8968089653 RT		<b>Fee:</b> \$150 plus 5% GST = \$158.00
lethod of Payment:		
My cheque, made out to NATIONAL AIR	BARRIER ASSOCIATION	V (NABA)
Charge the Application Fee to my <u>VISA</u>	credit card. $\Box$ Ch	arge the Application Fee to my <u>MasterCard</u> credit card
ı	I	
1 2 3 4 5 6 7 8 9 10	11 12 13 14 15 16	Expiry Date
Cardholder's Name		Authorized Signature

Please forward form along with payment to: NATIONAL AIR BARRIER ASSOCIATION P.O. Box 2747 WINNIPEG, MB R3C 4B2

phone: 1-866-268-6222 or 204-956-5888

fax: 1-204-956-5819