



MEMBERSHIP APPLICATION FORM

1. Name and address of applying company:

2. Names and positions of proposed representatives to Manufacturers' Council:

Official representative

Alternate representative

Name: _____

Name: _____

Position: _____

Position: _____

3. Brief description of products or equipment sold to the residential construction industry.

4. List local CHBA associations to which your company belongs.

Date of this application: _____

Submitted by: _____

Position: _____

Please send payment of membership fees
in the amount of \$2,500.00, plus GST/HST to:

CHBA Manufacturers' Council
150 Laurier Avenue West, Suite 500
Ottawa, Ontario K1P 5J4
Phone: (613) 230-3060 FAX: (613) 232-8214