

MEMBERSHIP FORM

MEMBERSHIP CATEGORY

Please check all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic or Training | <input type="checkbox"/> Government | <input type="checkbox"/> Planner |
| <input type="checkbox"/> Builder or Renovator | <input type="checkbox"/> Installer | <input type="checkbox"/> Precaster |
| <input type="checkbox"/> Consult & Design | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Private Inspection |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Maintenance & Service | <input type="checkbox"/> Pumper |
| <input type="checkbox"/> Regulator | <input type="checkbox"/> Supplier | <input type="checkbox"/> Other: |

CONTACT INFORMATION

Information will be included on our publicly available Membership Directory. (Cell phone numbers exempt.)

Primary Name :	<input type="text"/>	Company :	<input type="text"/>
Street Address :	<input type="text"/>	City :	<input type="text"/>
Main Phone :	<input type="text"/>	Province :	<input type="text"/>
Cell Phone :	<input type="text"/>	Postal Code :	<input type="text"/>
Email Address :	<input type="text"/>		

See page 2 for Multi-Member contact information, if applicable.

ADDITIONAL INFORMATION

Individual BCIN :	<input type="text"/>	How would you like to receive the tri-annual newsletter? :	<input type="checkbox"/> Email	<input type="checkbox"/> Hard Copy
Company BCIN :	<input type="text"/>			

PRIVACY POLICY

OOWA respects the privacy of our members. Information collected may be shared with membership benefit providers to procure and sustain partnerships. This information will not be used for third-party solicitation.

Check here to opt out of information sharing.

ANTI-SPAM POLICY

OOWA regularly sends email communications including industry news, event announcements, and renewal reminders. You can customize your settings to receive all or some of OOWA's communications.

Disable all emails
 Membership reminders
 On-Track and other industry news

CODE OF CONDUCT

I have read, understood, and agree to adhere to OOWA's member code of conduct.

Check here

WHY DID YOU JOIN?

We appreciate your feedback!

- | | | |
|---|--|---|
| <input type="checkbox"/> OOWA communications | <input type="checkbox"/> Sense of community | <input type="checkbox"/> Mark's discount |
| <input type="checkbox"/> Technical/Training resources | <input type="checkbox"/> Perkopolis discounts | <input type="checkbox"/> Grand & Toy discount |
| <input type="checkbox"/> Networking opportunities | <input type="checkbox"/> Enterprise discount | <input type="checkbox"/> Park N Fly discount |
| <input type="checkbox"/> Membership Directory listing | <input type="checkbox"/> NAPA Autoparts discount | <input type="checkbox"/> OOWA Insurance plan |
| <input type="checkbox"/> OOWA events discounts | <input type="checkbox"/> ORWC course discount | <input type="checkbox"/> Other: |

How did you hear about us?

Referred by: Name: Organization:



MEMBERSHIP FORM

Continued

Memberships are assigned to individuals. If a company has more than one member, the first individual is considered a "Primary" member. Each additional member is considered a "Multi-Member".

If you have an existing membership at a like Association you may be eligible for an Associate membership. See list below.

Young Professionals must be under the age of 30 years old.

MEMBERSHIP PRICING

<input type="checkbox"/> Primary (1 Year)	.....	\$ 330 + HST = \$ 372.90
<input type="checkbox"/> Primary (2 Year)	.....	\$ 660 + HST = \$ 745.80
<input type="checkbox"/> Multi-Member (1 Year)	.....	\$ 160 + HST = \$ 180.80 (pp)
<input type="checkbox"/> Multi-Member (2 Year)	.....	\$ 320 + HST = \$ 361.60 (pp)
<input type="checkbox"/> Associate Proof of other membership required	.....	\$ 230 + HST = \$ 259.90
<input type="checkbox"/> Young Professional Proof of age required	.....	\$160 + HST = \$180.80
<input type="checkbox"/> Student Proof of full-time status required.	.....	Free

PAYMENT INFORMATION

HST Registration # 867325714 RT0001

Total Amount : Visa Mastercard Cheque

Card Number :

Expiry : CSV :

Cardholder Name :

Signature : Date :

MULTI-MEMBER CONTACT INFORMATION

Name : Company :

Cell Phone : Individual BCIN :

Email Address :

Admin/Billing Contact Name: _____ Email: _____
(if different than Primary)