

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 :	Company :
Street Address :	City :
Main Phone :	Province :
Cell Phone :	Postal Code :
Email Address :	
Publicly Listed Email (if different) :	

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

ADDITIONAL INFORMATION

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

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.

Please choose your preference.

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 similar Association you may be eligible for an Associate membership. See list on the right.

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

Similar Associations
including, but not limited to:

OBOA
OASIS
OSPE
OAHI
CWQA

MEMBERSHIP PRICING

Primary (1 Year)	\$ 350 + HST = \$ 395.50
Primary (2 Year)	\$ 700 + HST = \$ 791.00
Multi-Member (1 Year)	\$ 175 + HST = \$ 197.75 (pp)
Multi-Member (2 Year)	\$ 350 + HST = \$ 395.50 (pp)
Associate Proof of other membership required	\$ 250 + HST = \$ 282.50
Young Professional Proof of age required	\$175 + HST = \$197.75
Student Proof of full-time status required.	Free

PAYMENT INFORMATION

HST Registration # 867325714 RT0001

Total Amount :	<input type="text"/>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Cheque
Card Number :	<input type="text"/>			
Expiry :	<input type="text"/>	CSV :	<input type="text"/>	
Cardholder Name :	<input type="text"/>			
Signature :	Date :	<input type="text"/>		

MULTI-MEMBER CONTACT INFORMATION

Name :	<input type="text"/>	Company :	<input type="text"/>
Cell Phone :	<input type="text"/>	Individual BCIN :	<input type="text"/>
Email Address :	<input type="text"/>		

Admin/Billing Contact

Name:

Email:

(if different than Primary)