



# 2018 APPLICATION FOR MEMBERSHIP - PROFESSIONAL

Membership dues are non-refundable  
Dues and fees subject to change without notice

## Company Information

Company's Full Legal Name: \_\_\_\_\_

Trade Name (if different from above): \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_

Senior Company Official: \_\_\_\_\_ Business Tel: \_\_\_\_\_

Website: \_\_\_\_\_ Business Fax: \_\_\_\_\_

How did you hear about the HHCA?	What year was your company established?
	Has your company been a member of the HHCA in the past? If yes, when?

## Accounting Information

Accounting Contact: \_\_\_\_\_ Email: \_\_\_\_\_

## Additional Contacts

Name & Position: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Position: \_\_\_\_\_ Email: \_\_\_\_\_

## Reference/Sponsor

Firm, contact & phone: \_\_\_\_\_

Firm, contact & phone: \_\_\_\_\_

<table border="1" style="width:100%"> <tr> <th colspan="2">Membership Category</th> </tr> <tr> <td>Professional <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Membership Category		Professional <input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%"> <tr> <td style="width:5%"> <input type="checkbox"/> </td> <td style="width:55%"> <b>Annual Membership Fee (12 months)</b>            Membership includes alphabetical and classified listing in HHCA's online directory, complimentary affidavit services, reduced rates on CCA &amp; CCDC documents,, "Buy 1, Get 1 Free" offer on one-pair of tickets to the Annual General Meeting, and access to all HHCA member services. For a more complete list of benefits visit <a href="http://www.hhca.ca">www.hhca.ca</a> </td> <td style="width:40%; text-align:right"> <b>\$450.00</b> </td> </tr> </table>	<input type="checkbox"/>	<b>Annual Membership Fee (12 months)</b> Membership includes alphabetical and classified listing in HHCA's online directory, complimentary affidavit services, reduced rates on CCA & CCDC documents,, "Buy 1, Get 1 Free" offer on one-pair of tickets to the Annual General Meeting, and access to all HHCA member services. For a more complete list of benefits visit <a href="http://www.hhca.ca">www.hhca.ca</a>	<b>\$450.00</b>
Membership Category								
Professional <input type="checkbox"/>	<input type="checkbox"/>							
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	<b>SUBTOTAL</b>							
	<b>HST (#R107462830)</b>							
	<b>TOTAL PAYMENT</b>							

Business description (include division codes): \_\_\_\_\_

## Payment Information

Payment in full by:  Cheque  Amex\*  VISA\*  MC\* \*a 2% service charge applies to all credit card transactions

Card NO. \_\_\_\_\_ Expiry \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature \_\_\_\_\_

I, the undersigned, hereby make application for membership in the Hamilton-Halton Construction Association with all the rights and privileges hereto. Completion of this application indicates consent to abide by the HHCA's Member Code of Ethics, by-laws and regulations and to receive electronic communications.

Authorized Signature of Applicant	Date
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