



2019 APPLICATION FOR SIX-MONTH TRIAL MEMBERSHIP

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: _____

Membership Category	Annual Membership Fee with Plan Room Upgrade (6 months)	
General Contractor <input type="checkbox"/>	<input type="checkbox"/> Trial Membership includes alphabetical listing in HHCA's online directory, complimentary affidavit services, reduced rates on CCA & CCDC documents, free signing of statutory declarations, free career advertisement, complimentary HR resources and more. Plan Room upgrade includes access to BestBidz (electronic plans room), bidders lists, weekly Plans on Display and more. TRIAL MEMBERS are entitled to select from a number of additional benefits tailored to their individual priorities. Upon confirmation of your membership, we'll contact you to design a customized benefit package for your company.	\$710.00
Trade Contractor <input type="checkbox"/>		\$600
Manufacture, Supply & Service <input type="checkbox"/>		
Business description (include division codes): _____		SUBTOTAL \$600
		HST (#R107462830) \$78
		TOTAL PAYMENT \$678

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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