

## **Application for Membership**

Name of Business:							
Address:							
City:	ty:Postal Code:						
Phone:	Fax:						
E-mail:	·	We	b:	<del></del>			
E-mail for billing if applica	able:						
Owners/Principals:				_			
Person Representing the							
Date of Commencement	of Business:	Ba	ank Reference:				
Companies with whom th 1		onducted busir	ness with in the	last year:			
Classification:Contractor/Supply	//Manufacture		Associate				
Did a WCA member comp	, 55	•	រ? If so, please p	rovide the company			
Dated at:	, this	day of	, 20				
The undersigned herewit is expressly understood to with all the provisions of	hat upon acceptar	nce of this app	lication, the app	licant will comply			
Signed: Print Name:							
I hereby consent for the \	WCA to send emai	ls as needed to	o the following e	email address:			
Please return application to Windsor, ON N8W 5J5	~ attention: Christii	ne at cprymack	@wca.on.ca or 28	380 Temple Drive,			



## Windsor Construction Association **Member Profile**

Confidential For Internal Use Only

Company Name: Primary Contact:				
	Postal Code:			
Phone:	Fax:			
E-mail:	Web:			
Classification:Contractor/Sup			Associate	
Primary Type of Work:				
Number of Full Time E Annual Revenue (Aver		\$500,001 to \$1,000,001 \$5,000,001	,000 o \$1,000,000_ to \$5,000,000 to \$10,000,00	00
Part B				
Unionized				
(If another division of t				
Company Name: Primary Contact:				
Address:				
Citv:	Po	stal Code:		
Phone:	Postal Code: Fax:			
For unionized companGlaziersCarpentersTile/TerrazoDrywall/Tapers	Painters Roofers			Labourers Plasterers Teamsters
	•			
Would a member of y	our organization be	interested in	participating	in negotiations?
Yes /No If yes, who and for wh	ich contract:			
, 55, 11115 and 101 WI				WCA Member App. Pa