



COMPANY INFORMATION

COMPANY NAME:	<input type="text"/>	Application Date:	<input type="text"/>
COMPANY CONTACT	<input type="text"/>	POSITION:	<input type="text"/>
PHONE:	<input type="text"/>	FAX:	<input type="text"/>
EMAIL:	<input type="text"/>	WEBSITE:	<input type="text"/>
STREET ADDRESS:	<input type="text"/>	SUITE/UNIT:	<input type="text"/>
CITY:	<input type="text"/>	POSTAL CODE:	<input type="text"/>
ACCOUNTING EMAIL:	<input type="text"/>	ACCOUNTING CONTACT:	<input type="text"/>

ADDITIONAL EMAILS FOR PROJECT NOTICE AND PLAN ROOM ACCESS

NAME:	<input type="text"/>	EMAIL:	<input type="text"/>
NAME:	<input type="text"/>	EMAIL:	<input type="text"/>
NAME:	<input type="text"/>	EMAIL:	<input type="text"/>

PLEASE CHECK	SELECT YOUR TYPE OF MEMBERSHIP	RATE
<input type="radio"/>	General or Trade Contractor, Suppliers, Allied Professionals, includes access to electronic plan room	\$1100 + HST
<input type="radio"/>	Design Professionals (Architect and Engineering Firms ONLY) No access to electronic plan room	\$650 + HST

METHOD OF PAYMENT ☐ Credit Card ☐ Cheque (payable to SSMCA) CVV#

Credit Card #	<input type="text"/>	Expiry Date:	<input type="text"/>
CARDHOLDER:	<input type="text"/>	Signature:	<input type="text"/>

Do not hesitate to contact the office if you have any questions at (705) 759-8830.

Please return this form and artwork/logo to: susan@ssmca.com