



**COMPANY INFORMATION**

COMPANY NAME:  Application Date:

COMPANY CONTACT  POSITION:

PHONE:  FAX:

EMAIL:  WEBSITE:

STREET ADDRESS:  SUITE/UNIT:

CITY:  POSTAL CODE:

ACCOUNTING EMAIL:  ACCOUNTING CONTACT:

**ADDITIONAL EMAILS FOR PROJECT NOTICE AND PLAN ROOM ACCESS**

NAME:  EMAIL:

NAME:  EMAIL:

NAME:  EMAIL:

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 #  Expiry Date:

CARDHOLDER:  Signature:

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](mailto:susan@ssmca.com)