



# MEMBERSHIP APPLICATION

Thank you for your interest in joining the association. Please fill out the following information in order to receive member benefits.  
Log on to [www.ssmca.com](http://www.ssmca.com) to find out more.

## Name & Contact Information

Business Name \_\_\_\_\_ Years In Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary Company Contact \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Type of Business \_\_\_\_\_

Please indicate if you would like to receive the Plan List Weekly\_\_\_ or As Changes Occur\_\_\_.

Please provide a list of important contacts within your organization and indicate if they should receive notices such as Plan List, other SSMCA publications, and should they require access to EPR.

Name & Position	Phone Number	Email Address	Services Requested

## Select your type of membership below:

\_\_\_\_\_ Contractor with volume \$2 million and over  
\$1,175.00 + HST = \$1,327.75

\_\_\_\_\_ Contractor with volume \$500,000 to \$2 million  
\$935.00 + HST = \$1,056.55

\_\_\_\_\_ Contractor with volume under \$500,000  
\$760.00 + HST = \$858.80

\_\_\_\_\_ Design Professional (Architect & Engineering Firms)  
\$380.00 + HST = \$429.40

Effective March 2015, new members must provide a credit card to keep on file for a period of 2 years prior to credit being extended.

\_\_\_\_\_ Credit Card #

\_\_\_\_\_ Expiry Date

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete and return this form by fax, email, or mail to:  
**Sault Ste. Marie Construction Association**  
 17 White Oak Drive East, Sault Ste. Marie, ON, P6B 4J7  
 Fax: (705) 759-6783 Email: [info@ssmca.com](mailto:info@ssmca.com)