



Canadian Elevator Contractors Association

Membership Application

www.ceca-acea.org

Applicant Information

Firm: _____ Date: _____

Address: _____

Street Address

Unit #

City

Province

Country

Postal Code

Phone: () _____ E-mail Address: _____

Fax: () _____ Website: _____

Applicants' Name: _____

Other Officers: _____

Operational Territory: _____ # of years in Business: _____

Approximate No. of Employees: _____ Approximate No. of Field Employees: _____

Brief description of services and/or products: _____

Parent Company: _____

Accredited Branch Office(s) Located: _____

Membership Classification

Please review the basic qualifying requirements for membership and the C.E.C.A. After so doing, please indicate below classification of which application is being made.

Application is hereby made for:

Contractor Membership Supplier Membership

Subscription Membership Dual Membership

Agreement

We agree, if accepted, to be governed by the Constitution and By-Laws of the Association and to promote the purposes thereof. We further agree that we shall adhere to the Code of Ethical Practices of the Association and to understand that such adherence is a prerequisite to becoming (and remaining) a member in good standing.

Firm Name _____ Signed by: _____ Date: _____

Sponsor: _____ By: _____ Date: _____

Sponsor: _____ By: _____ Date: _____

Regional Chairman: _____ Date: _____

Approved by Membership Chairman: _____ Date: _____

Payment

Please mail the signed application along with your cheque payable to:

Canadian Elevator Contractors Association

P.O. Box 54058

5762 Highway 7 East

Markham, Ontario L3P 7Y4

Contact email: office@ceca-acea.org