

MEMBERSHIP APPLICATION FORM

To the Attention of the Directors of the GCAO: Date: _____

We hereby request the admission of our firm as member of the General Contractors Association of Ottawa.
We consent to conform to all present and future regulations adopted by the association.

1. Name of Applicant Company _____

2. Postal Address _____

_____ (Postal Code) _____

3. Phone # _____ **4. Facsimile #** _____

5. E-Mail # _____

6. Web-Site _____

7. Year Firm was Established _____

8. OFFICERS of the Firm President _____
 Vice-President _____
 Secretary Treasurer _____

MAIN BUSINESS DESCRIPTION / CONSTRUCTION SPECIALTIES

- _____
· _____
· _____
· _____
· _____

10. I (We) certify that our company is in compliance with the following institutions:

	YES	NO
WSIB	___	___
Ontario Sales Tax	___	___
Federal Sales Tax	___	___
Revenue Canada	___	___
Ministry of Labour	___	___

11. STATE 5 (FIVE) BUSINESS REFERENCES.

	<u>COMPANY</u>	<u>CONTACT NAME</u>	<u>TELEPHONE #</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

12 . list of Five Recent Projects c/w Construction Values:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Membership to other associations:

- OCA
- OGCA
- CCA
- Other _____

13. Does your company have a bonding facility? YES _____ NO _____

I (We) certify that the above mentioned information is correct.

COMPANY _____

AUTHORIZED SIGNATURE _____

NAME (block letters) _____

Note: Please fax the completed form (both sides) to (613)-725-3470