



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 _____

9. **MAIN BUSINESS DESCRIPTION / CONSTRUCTION SPECIALTIES**

- _____
- _____
- _____
- _____
- _____



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

	YES	NO
WSIB	<input type="checkbox"/>	<input type="checkbox"/>
Federal Sales Tax	<input type="checkbox"/>	<input type="checkbox"/>
Canada Revenue Agency	<input type="checkbox"/>	<input type="checkbox"/>
Ministry of Labour	<input type="checkbox"/>	<input type="checkbox"/>

11. STATE 5 (FIVE) BUSINESS REFERENCES

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

12. 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 to (877) 212-2974