



MECHANICAL CONTRACTORS ASSOCIATION OF CANADA

MECHANICAL CONTRACTOR

(Activate-At-Large Membership Application)

DUES CALCULATION AND DECLARATION FORM

Dues are calculated according to gross payroll volume. To determine your membership dues, consult your **WSIB EMPLOYER RECONCILIATION FORM** for the year 2010 and refer to the amount in **BOX #1**. Using this total, please select the applicable dues category from the table below:

WSIB BOX #1 (\$ Millions)	Active-At-Large Annual Membership Dues
< \$1M	\$750
\$1M – 2M	\$1,500
\$2M – 3M	\$3,000
\$3M – 4M	\$4,500
\$4M – 5M	\$6,000
\$5M – 7M	\$9,000
\$7M – 9M	\$12,000
> \$10M	\$15,000

Your Membership Dues covers the 12 month period after membership acceptance date.

* Please enter the amount of the new MCAC Annual Membership Dues on the enclosed application (see next page) and remit the funds to MCAC *

DECLARATION

I declare that my company's annual payroll volume is accurate according to **Box #1** on my **WSIB EMPLOYER RECONCILIATION FORM** for year 2010. I understand that MCAC's Annual Membership Dues on the enclosed invoice (next page) and remit the funds to MCAC.

I can verify this by (you must choose one of the following options):

- Enclosing a copy of my WSIB EMPLOYER RECONCILIATION FORM for year 2010
- This form is notarized to verify it agrees with my WSIB EMPLOYER RECONCILIATION FORM for the year 2010 (Box #1)
- Authorizing WSIB and/or an independent 3rd party to verify that my payroll declaration is correctly reported

I have completed the invoice on the next page, chosen my payment method (please make cheque payable to MCA Canada), and, if applicable, am enclosing all other requested forms.

Signature

Company Name

Name (Please Print)

Date



2011 MEMBERSHIP APPLICATION

COMPANY INFORMATION

Date: _____

Company Contact: _____

Title: _____

Company Name: _____

Company Address: _____

City: _____ Prov/State: _____ Postal/ZipCode: _____

Tel: _____ eMail: _____

Fax: _____ Web Site: _____

Please fill in the following information:

Balance Due as per Dues Calculation
and Declaration Form:

13% HST (BIN# 124 973 520):

TOTAL DUES PAYABLE
TO MCA CANADA:

METHOD OF PAYMENT: (Please one)

Cheque (Please make payable to MCA Canada)

Visa

MasterCard

American Express

Cardholder Name: _____

Card #: _____

Expiry Date: _____

Authorized Signature: _____

Please fax, mail or email your completed application, dues calculation and declaration page
along with all other applicable forms to MCA Canada at:

MCA Canada
280 Albert Street, Suite 601, Ottawa, ON K1P 5G8
Tel: 613.232.0492 Fax: 613.235.2793
Email: mcac@mcac.ca Website: www.mcac.ca



COMPANY INFORMATION

COMPANY PROFILE

Please provide an approximate percentage representing the extent of your company's activity in the following areas: For example: Commercial 20% Industrial 5% Institutional 75%

Commercial _____% Industrial _____% Institutional _____%
Bid Spec _____% Design Build _____% Service _____%

SERVICE (Optional)

Please include my company as a complimentary member of the **Mechanical Service Contractors of Canada**

Service Contact Name: _____
Title: _____
Tel: _____
Email: _____

REFERENCES

Please provide three (3) supplier references:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide three (3) customer/client references:

COMPANY NAME	CONTACT	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION

I/We hereby make application for membership in the Mechanical Contractors Association of Canada and agree to abide by its constitution and by-laws and to cooperate with the Association in all its aims and objectives to strengthen the mechanical construction industry. The required dues are enclosed.

Date: _____ Signature: _____

Name & Title: _____