

1011 Upper Middle Road East, Suite 1210 Oakville, ON L6H 5Z9 www.ogma.ca

MEMBERSHIP APPLICATION

| Company name (please print): | | | | |
|---|--|------------------|---|--------------------------------------|
| Mailing address: | | | | |
| City: | P | rovince: | Postal Code: | |
| Phone: | | Fax: | | |
| Website (to be linked from OGMA website | e): | | | |
| | | | | |
| Years in business: No. | of locations: | Busines | ss type: | |
| Other company names/Affiliations: | | | | |
| Contact names (individuals in your comp | | | | |
| | | | Title: | |
| | | | | |
| | | | Title: | |
| E-mail address: | | | | |
| If contacts have addresses or phone/fax | | | | |
| of the Association now in force, and t | to any alterations | s that may be ma | by, the Constitution, By-Law, and all A ade by proper authority of the Associati | on. |
| | | | | |
| HST: | AN \$275.00 \$35.75 \$310.75 | | RSHIP FEE + <i>GLAZING SYSTEMS</i> A <i>TION MANUAL</i> (\$145.00 VALUE): HST: TOTAL: | \$375.00 48.75 \$423.75 |
| 1. Fill in this electronic form | n and print the | form OR print | the form and fill in by hand. | |
| 2. Mail the completed form | AND your che | que payable in | the amount above to: | |
| ONTARIO GLASS 1011 Upper Middl Oakville, ON L6H Re: OGMA Memb Note: We do not invoice for mem | le Road East, S 5Z9 pership Applicat | uite 1210 ion | h the membership application form. | |
| | | | | |
| OGMA requires that you check or | | | <u>n and Electronic Documents Act</u> (PIP | EDA), |
| I have reviewed the OGMA I | | | | |
| I have reviewed the OGMA <u>I</u> your company will not be list | | | CCEPT its conditions. If you chose the | nis option, |
| For approval by Board of Directors | | | | |
| Application approved: | | | Date: | |
| | | | HST Registration: | R 125 036 038 |