

ONTARIO GLASS & METAL ASSOCIATION

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

MEMBERSHIP APPLICATION

Company name (as it will appear on OGMA web	osite):	
Mailing address:		
City:	Province:	Postal Code:
Phone:	Fax:	
Website (to be linked from OGMA website):		
E-mail address:		
		ss type:
Other company names/Affiliations:		
Contact names (individuals in your company to v	whom we should send informati	on and updates on OGMA events):
Contact name #1:		Title:
Email address:		Telephone:
Contact name #2:		Title:
		Telephone:
On behalf of the Company named above, I, I Glass & Metal Association. I agree to confort of the Association now in force, and to any a	m with, and be governed b	y, the Constitution, By-Law, and all Agreements
Glass & Metal Association. I agree to conform of the Association now in force, and to any a Name of applicant:	m with, and be governed balterations that may be mad	y, the Constitution, By-Law, and all Agreements de by proper authority of the Association.
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Glass & Metal Association. I agree to conform of the Association now in force, and to any at Name of applicant: Signature: ANNUAL MEMBER Fill in this electronic form OR print the force.	RSHIP FEE: \$310.75 (\$27	py, the Constitution, By-Law, and all Agreements de by proper authority of the Association. Date: 25.00 + \$35.75 HST)
Glass & Metal Association. I agree to conform of the Association now in force, and to any at Name of applicant: Signature: ANNUAL MEMBER Fill in this electronic form OR print the fill Send the completed form to ogma_adm	RSHIP FEE: \$310.75 (\$27) form, fill in by hand, and	py, the Constitution, By-Law, and all Agreements de by proper authority of the Association. Date: 25.00 + \$35.75 HST) I scan the form.
Glass & Metal Association. I agree to conform of the Association now in force, and to any at Name of applicant: Signature: ANNUAL MEMBER Fill in this electronic form OR print the fill Send the completed form to ogma_adm contact you with payment details.	RSHIP FEE: \$310.75 (\$27) form, fill in by hand, and	Date: Date: Scan the form. g your preferred payment method. We will
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