

MEMBERSHIP APPLICATION

Company name (to appear on the OGMA website): _____

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Main company e-mail address: _____

Website (to be linked from OGMA website): _____

Years in business: _____ No. of locations: _____ Business type: _____

Other company names/Affiliations: _____

Primary contact: _____ Title: _____

Email address: _____ Telephone: _____

Secondary contact: _____ Title: _____

Email address: _____ Telephone: _____

Billing contact: _____ Title: _____

Email address: _____ Telephone: _____

On behalf of the Company named above, I, the undersigned, hereby make application for membership in the Ontario Glass & Metal Association. I agree to conform with, and be governed by, the Constitution, By-Law, and all Agreements of the Association now in force, and to any alterations that may be made by proper authority of the Association.

Name of applicant: _____

Signature: _____ Date: _____

ANNUAL MEMBERSHIP FEE: \$378.55 (\$335.00 + \$43.55 HST)

Fill in this form, scan it, and send it to ogma_admin@ogma.ca, indicating your preferred payment method below. We will contact you with payment details. You can also download an electronic version of this form at www.ogma.ca/become-a-member.

Credit card (credit card payments will incur a 2.4% surcharge)

Cheque

Interac® e-Transfer

Direct Deposit (EFT)

Note: The membership year runs from January to December each year. Membership fees will be pro-rated for the membership year, based on the date of application. Contact us before sending payment.

NOTICE: In accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA), OGMA requires that you review our Privacy Policy. Check the box below if you accept its conditions. If you do not accept, your company will not be listed on the OGMA website.

I have reviewed the OGMA Privacy Policy (www.ogma.ca/privacy-policy) and **I ACCEPT** its conditions.

For approval by the OGMA Board of Directors

Application approved: _____ Date: _____