



Contractor Membership Contact Form 2009

Company Name: _____

- Union Member
- Open Shop Member

We are a Chapter Member:

- Vancouver Chapter
- Vancouver Island Chapter
- Central Chapter

Company Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____ Website: _____

Company's **Main Contact:** _____ Title: _____

E-mail address: _____

IMPORTANT! Companies will be listed by category in the new membership directory on our website. If you do not provide this information, your company cannot be listed. Please check any of the following that apply to your company.

- | | |
|--|---|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Low-Rise Residential |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Utility – Underground and Overhead |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Communications Systems |
| <input type="checkbox"/> High-Rise Residential | <input type="checkbox"/> Other _____ |

Who else at your company should be receiving information from us (newsletters, training/course information, notice of special events, chapter info etc.)?

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Thank you for taking the time to complete this form!