

Associate Membership Plus Application Form

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Cell Number: _____ Email: _____

Contact Name: _____

Associate Membership Plus fees are renewable on an annual basis in accordance with the following fee structure. Please circle the appropriate amount (all membership fees are subject to applicable tax).

Number of Employees	Fee
1	\$100/year
2	\$200/year
3	\$300/year
4	\$400/year
5-10	\$500/year
11-50	\$1,000/year
51-100	\$2,000/year
Strategic Safety Partner*	\$5,000/year

No restriction on number of employees

Payment or purchase order* number MUST be included with completed application	
Fee per year	\$ _____
Tax (15%)	x _____
Total	\$ _____

Payment Method	
<input type="checkbox"/> Credit Card	
Choose card type:	<input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MC
Card Number: _____ Card Expiry: _____ Card Holder Name: _____	
<input type="checkbox"/> Cheque	
Cheque Number: _____	
<input type="checkbox"/> Purchase Order*	
Purchase Order Number: _____	

* PO must be authorized through Construction Safety Nova Scotia Finance Department. (Contact the Financial Administrator at 902-468-6696, extension 20).

Office Use: Expiry Date: _____ Invoice #: _____ Member Code #: _____

Email, Mail or fax application to:
 Finance.dept@constructionsafetyns.ca
 Construction Safety Nova Scotia, 35 MacDonald Ave., Dartmouth, NS B3B 1C6
 Fax: (902) 468-8843, www.constructionsafetyns.ca