



CSNS Associate Membership Plus Application Form

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Cellular: _____

Contact Name: _____

Contact Email: _____

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

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

*No restriction on number of employees

Fees Totals	
Fee per year	\$ _____
Tax (15%)	x _____
Total	\$ _____
<p>Payment or Purchase Order** number MUST be included with completed application</p>	

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

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

Email, Mail or Fax Application to:

receivables@constructionsafetyns.ca

Construction Safety Nova Scotia, 35 MacDonald Ave., Dartmouth, NS B3B 1C6

Fax: 902-468-8843; www.constructionsafetyns.ca

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