

ASSOCIATE MEMBERSHIP *Application Form*

(Please Print in Full)

Legal Company Name: _____

Trade Name: _____

Address: _____

City/Town: _____ Province/State: _____

Postal Code/Zip Code: _____ Country: _____

Contact Name: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

Alberta WCB Account #: _____ Industry Code: _____ # of Employees**: _____

Associate memberships are for a 12-month period and should be renewed on an annual basis (prior to membership expiry).

**** Employee numbers must be based off the peak numbers for the year. Employee numbers include all individuals covered under the company's WCB account (owners, management, workers, administrative staff, part-time staff, etc.).**

| | 10 employees or under | or | Over 10 employees |
|-----------------------------|-----------------------------------|----|-----------------------------------|
| Annual Associate Membership | <input type="checkbox"/> \$500.00 | | <input type="checkbox"/> \$750.00 |
| 5% GST (GST #R122232614) | <input type="checkbox"/> \$25.00 | | <input type="checkbox"/> \$37.50 |
| Total Payable to ACSA | <input type="checkbox"/> \$525.00 | | <input type="checkbox"/> \$787.50 |

(Please checkmark which payment is applicable)

Method of Payment:

Payment Enclosed (Cheque/Money Order) VISA Mastercard Amex

Card #: _____ Expiry Date: _____

Name on Card: _____ CVD Number: _____

Authorized Signature: _____

Send to:

Alberta Construction Safety Association
225 Parsons Road S.W., Edmonton, AB, T6X 0W6 Fax:
(780) 455.1120 or 1800.661.ACSA
E-mail: info@youracsa.ca

The information provided will be used for membership registration and to deliver member benefits (e.g., the Advisor magazine, Worker training), and to inform you of ACSA-related conferences, benefits and/or other opportunities. Except as described herein, we do not sell, rent or otherwise share or disclose your private, personally identifiable information to third parties.