

# 2019 Associate Member Application Form



COMPANY INFORMATION	
Company Name	
Year Established	
Company Address	
City/Town	
Postal Code	
Phone	
Fax	
Website	
List Branches/Offices	

COMPANY MAIN CONTACT		
Company Owner/President/CEO	Email Address	Contact Number

COMPANY KEY CONTACTS		
Company Officers (Name and Title)	Email Address	Please indicate if a key contact
1.		
2.		
3.		

**PRODUCT AND SERVICE INFORMATION**

List your Main Products, Materials and/or Services to be placed on the ORBA website and in the Sourcebook

**REFERENCES (ALL FIELDS REQUIRED)**

<b>BANK NAME</b>	<b>BRANCH</b>	<b>ADDRESS</b>
<b>ORBA/OAPC MEMBER COMPANY (minimum one contact required)</b>	<b>CONTACT PERSON</b>	<b>PHONE AND EMAIL ADDRESS</b>
1.		
2.		
<b>MEMBERSHIP IN OTHER INDUSTRY ASSOCIATIONS (please list if applicable)</b>		
1.		
2.		
3.		

## Declarations

I \_\_\_\_\_ [insert name], \_\_\_\_\_ [insert title],  
of \_\_\_\_\_ [insert company]

**HEREBY AGREE** the following statements regarding the company applying for membership are accurate and true;

- whether incorporated or unincorporated, is actively engaged in Ontario as a provider of services, machinery, equipment or supplies to ORBA members,
- has minimum two years, uninterrupted, operating experience,
- has no history of bankruptcy, fraud or similar breaches for the last three years,
- is in compliance with all applicable laws, rules and regulations, including but not limited to, health and safety and environmental, and be duly qualified and licensed to do business in each jurisdiction which requires such qualification or licensing,
- maintains General Liability Insurance with a minimum of CAD\$5 million coverage, underwritten by a reputable insurance company,
- will adhere to the ORBA Code of Ethics and By-Laws, and
- will submit dues and other payments on a timely basis.

**HEREBY AGREE**, that upon becoming a member, ORBA has consent to send emails to the contacts listed in the application.

**HEREBY AGREE**, that ORBA has express permission to conduct references with the referees provided above.

## Authorization

\_\_\_\_\_  
Authorized Applicant Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Authorized Applicant Full Name

## Payment

- Upon internal review of application, a formal invoice will be issued based on annual fees
- Applications received after March 31 will be subject to quarterly prorated fees
- Applications received between October – December, will be subject to final quarter fees as well as following year's annual dues

# 2019 Associate Membership Fee Schedule

<b>CATEGORY</b>	<b>Description</b>	<b>2019 Amalgamation Dues</b>
Associate 1	Suppliers of products and services to ORBA members and or transportation infrastructure industry	\$2,235

\*Fees subject to HST