

# CWQA MEMBERSHIP APPLICATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Length of time in business \_\_\_\_\_

Please select the category to which you are applying:  Dealer/Distributor  Manufacturer  Allied

If Dealer/Distributor, who are your suppliers? \_\_\_\_\_

Please list the brand and description of the products you sell/distribute: \_\_\_\_\_

To which standards are your products certified? \_\_\_\_\_

Please list the certification courses you have completed: \_\_\_\_\_

Please list testing facilities used to verify product claims: \_\_\_\_\_

Do you accept & will you support CWQA Objectives?  YES  NO

Do you accept & will you abide by all CWQA Voluntary Standards & Guidelines?  YES  NO

List Sponsors:

1) \_\_\_\_\_

2) \_\_\_\_\_

**PLEASE MAKE SURE ALL QUESTIONS ARE ANSWERED BEFORE SENDING APPLICATION,  
WITH DUES CALCULATION FORM TO CWQA.**

**THANK YOU FOR APPLYING FOR MEMBERSHIP WITH CWQA**

Canadian Water Quality Association  
295 The West Mall, Suite 330, Toronto, ON M9C 4Z4  
Telephone: (416) 695-3068  
Fax: (416) 695-2945  
Toll Free: (866)-383-7617  
Email: k.wong@cwqa.com  
Website: www.cwqa.com



# CWQA MEMBERSHIP DUES CALCULATION FORM



# 2008

Please indicate if you are a: Dealer  Manufacturer  Allied

\* First-time new members to CWQA receive a 50% discount on their first year's annual membership dues investment.

DEALER /DISTRIBUTOR	MANUFACTURER/SUPPLIER	ALLIED *
<input type="checkbox"/> Volume over \$1,000,000 - <b>\$1,195</b>	Minimum membership dues investment is \$2,970 and maximum \$11,845. Method of assessment is based on 1/7 of 1% of volume, which includes gross receipts from the sales of equipment as described below.  Dues amount: \$ _____	\$355
<input type="checkbox"/> Volume over \$650,000 but less than \$1,000,000 - <b>\$895</b>		
<input type="checkbox"/> Volume less than \$650,000 - <b>\$595</b>		

## MEMBERSHIP DUES INVESTMENT

Fiscal year of the association extends from January 1<sup>st</sup> to December 31<sup>st</sup>. Membership Dues are payable upon receipt.

Volume is based on gross receipts from service, rental and sale of water deionizers, reverse osmosis, feeders, chlorinators, ultraviolet, distillers, water systems, dealkalizers, resins, bottled water and dispensers, component parts and the sales of salt, soap, detergents, service and allied products.

- Allied membership is open to any individual, firm or corporation engaged in a field or endeavour related to the water industry who supports the objectives of this Association and who is not otherwise eligible for membership. An example of an allied member would be a technical institute, standards organization, or consulting firm.

**Membership Dues Investment (from above)** \$ \_\_\_\_\_

**Plus 5% GST or 13 % HST** \$ \_\_\_\_\_

**TOTAL 2008 DUES** \$ \_\_\_\_\_

\*\*\*\*Payment must accompany Application for Membership\*\*\*\*

**Signing Officer:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Head Office Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**# of Locations** \_\_\_\_\_

**Addresses of each location:** \_\_\_\_\_

To pay by credit card, please fax CWQA at 416-695-2945  
 To pay by cheque, mail to: CWQA, Suite 330, 295 The West Mall, Toronto, ON M9C 4Z4  
 (Make cheques payable to: **Canadian Water Quality Association**) CWQA GST Registration # R106868615

Visa       Mastercard       AMEX       Cheque

Credit Card # \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Signature \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_