

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 - \$1,195	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 - \$895		
<input type="checkbox"/> Volume less than \$650,000 - \$595		

MEMBERSHIP DUES INVESTMENT

Fiscal year of the association extends from January 1st to December 31st. 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 ____/____/____

Please Return A Copy with your Payment
 *** Please Keep a Copy for your Record of GST Paid ***
CWQA Tel: (416) 695-3068 Toll Free: 1-866-6383-7617 Fax: (416) 695-2945