



Acoustical Association Ontario

32 Vancho Crescent, Etobicoke, Ontario M9A 4Z2
Telephone: 416-605-6417 Facsimile: 416-240-1465

APPLICATION FOR MEMBERSHIP

Company Name: _____

Address: _____

Postal Code: _____

Telephone: _____

Facsimile: _____

Email: _____

WEB: _____

Representatives:

Name

Phone/Email

Please find enclosed our cheque, payable to the Acoustical Association Ontario, in the amount of five hundred and eight dollars and fifty cents (\$508.50), inclusive of H.S.T., in payment of the Annual Dues. (AAO H.S.T. No. 12413 2937 RT0001)

Date

Authorized Signature

Print Name & Title



Acoustical Association Ontario

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EMPLOYER AUTHORIZATION

(UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA)

The undersigned employer _____
(Name of Employer)

Address: _____

Postal Code: _____

hereby give our Proxy and appoints the Acoustical Association Ontario to represent the Employer as their bargaining agent, to negotiate and execute on our behalf, a collective bargaining agreement with the **United Brotherhood of Carpenters & Joiners of America**, on behalf of the Ontario Acoustical & Drywall District Council and its affiliated Local Unions, for the Province of Ontario.

Dated at _____, Ontario this _____ day
of

_____, 20_____.

Name of Employer

Authorized Signature

Print Name & Title

Witness