



**INTERIOR SYSTEMS
CONTRACTORS
ASSOCIATION**

APPLICATION FOR ASSOCIATE STATUS

Applicant's Name: _____

Contact Name: _____

Applicant's Address: _____

City: _____ Province: _____ Postal Code: _____

Business Telephone: _____ Cell Phone Number: _____

Facsimile: _____ E-mail: _____

Contact Information: _____

1. _____ hereby applies for associate status in the
INTERIOR SYSTEMS CONTRACTORS ASSOCIATION OF ONTARIO.

2. Your applicant acknowledges having been afforded an opportunity to review the Letters Patent and Bylaws of the Association.

3. Upon admission, your applicant hereby agrees to comply with all existing Bylaws of the association and to continue to abide by such Bylaws as duly amended from time to time and with such rules and Regulations as may be established from time to time by the Association.

4. Your applicant hereby designates: _____
to act as its duly authorized representative.

5. Your applicant submits herewith its membership fee in the amount of:

\$ 2,000.00 plus \$ 260.00 (13% HST) = \$ 2, 260.00 Annually.

Initiation Fee (ONE TIME FEE): \$ 1,000.00 plus \$ 130.00 (13% HST) = \$ 1,130.00

TOTAL Membership Fee: \$ 3,390.00 payable to the Interior Systems Contractors Association of Ontario and requests that the Board of Directors approve
this application by appropriate resolution.

Dated at: _____ this _____ day of _____, 20_____.

Signature of Applicant: _____

Interior Systems Contractors Association Of Ontario

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