



Application for Membership (2012)

I/We wish to apply for membership in the Fenestration Association of British Columbia and as such undertake to:

1. Accept and abide by the Code of Ethics, rules, regulations and the By-Laws of the Association and the policies and resolutions of the Board of Directors, including those pertaining to discipline and termination of membership. The Code of Ethics and By-Laws of the Association are available upon request.
2. Pay annual membership dues (prorated for the first year), for which we will be invoiced.
3. Pay other assessments as decided on by the Board of Directors for extraordinary expenses.

By signing the application, we authorize the Fenestration Association of BC to make enquiries as necessary in order to establish that:

- a) I/We meet the membership criteria of FEN-BC; and
- b) Our good repute, honesty and financial responsibility, as well as our management ability and experience in the fenestration industry will make us a valued member of the Fenestration Association of BC.

The application process is as follows:

- (a) Application is submitted
- (b) Application is presented to the membership committee
- (c) The application is submitted to the board
- (d) The application is either accepted or denied.
- (e) A letter of acceptance or denial is sent to the applying company.

A. BUSINESS INFORMATION (please provide contact information for the main business location)

Submitted by: _____ Title _____ Date: _____

Company Name: _____ Total # of Employees _____

Address: _____

Phone: _____

Fax: _____ Corporate Email: _____

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Subsidiary | <input type="checkbox"/> _____ |



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Company Name _____

Sent me this application for membership.

Please indicate if a current FEN-BC members encouraged you to be a member of our association.

B. MAIN INDIVIDUAL'S CONTACT INFORMATION

Name (please print) _____ Title: _____

Address (If different from corporate) _____

Phone: _____

Fax: _____

Email: _____

C. CEO and ADDITIONAL CONTACT INFORMATION

Name (please print) _____ Title: _____

Address (If different from corporate) _____

Phone: _____

Fax: _____

Email: _____

Name (please print) _____ Title: _____

Address (If different from corporate) _____

Phone: _____

Fax: _____

Email: _____

Name (please print) _____ Title: _____

Address (If different from corporate) _____

Phone: _____

Fax: _____

Email: _____

Name of the principals/owners of your organization

(a) _____ Title: _____

(b) _____ Title: _____

(c) _____ Title: _____

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D. REFERENCES AND GENERAL INFORMATION

Trade references (at least one has to be an active GCABC or WDMA-BC member)

- (d) _____
 (e) _____
 (f) _____

Are you bondable? Yes No

How many apprentices and journeypersons do you have in your employee?

_____ Registered Apprentices _____ Red Seal Journeypersons

E. MEMBERSHIP CATEGORY

Regular Membership (Full Membership – Full Voting Rights)

Targets companies that are contractors, window and door manufacturers, door prehangs, and installers

- | | |
|--|---|
| <input type="checkbox"/> Commercial (check all that apply) | <input type="checkbox"/> Residential (check all that apply) |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Manufacturer - Window |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Manufacturer - Doors |
| | <input type="checkbox"/> Door Prehanger |
| | <input type="checkbox"/> Window/door dealer |
| | <input type="checkbox"/> Window/door Installer |

Supplier Membership (Full Membership – Full Voting Rights)

Targets companies that supply materials to the fenestration industry

Please select your primary product market

- Commercial Residential

ALL APPLICANTS PLEASE ANSWER

Product and/or material market involvement (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Doors | <input type="checkbox"/> Fiberglass |
| <input type="checkbox"/> Skylight/sloped glazing | <input type="checkbox"/> Glass |
| <input type="checkbox"/> Wall interface | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Wood and Cellulosic Composites |
| <input type="checkbox"/> Sealants | <input type="checkbox"/> Installer |
| | <input type="checkbox"/> Hardware |

Association Membership (Full Voting Rights)

Targets companies that are consultants; engineers, architects

Please select your category

- Consultant Engineer Architect



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F. DUES CALCULATION

Please indicate the correct category and carry over the amount payable. Taxes are applicable

- Regular Membership (1,200.00)
- Supplier Membership (1,500.00)
- Associate Membership (350.00)

Partial Years Dues Calculation (Annual Membership Dues ÷ 12 x number of months left in the year.
(Dues are prorated based on the date the membership is activated – current month is included in the calculation))

Glazing Systems Specification Manual (195.00). Applicable taxes (HST/GST)

Optional Contribution to FEN-BC's Scholarship/Bursary Fund

- 100
 250
 500
 1,000

Please do not send payment. Wait for an invoice from the association.

With your application please attached the following items to this application form:

- Business Card
- Proof of current liability insurance in the minimum amount of \$2,000,000
- A copy of the certificate of incorporation
- Proof of bond ability
- WorkSafe BC Clearance Letter

Corporate Representative _____

Your corporate representative is the contact person authorized by the member company to speak on behalf of the company and to vote at FEN-BC's Annual General Meeting.

The undersigned applicant certifies the truth and correctness of all statements made above.

Signature _____

Please Print Name _____

Dated at: _____ BC, this _____ Day of _____

For office use only:

<i>Application Approval</i>		Received <input type="checkbox"/> Proof of Insurance	<input type="checkbox"/> WorkSafeBC Clearance letter
_____ President	_____ Chair, Membership Committee		
_____ Executive Director	Date: _____		