



MANITOBA SHINGLING CONTRACTORS ASSOCIATION INC.

**BOX 103 ST. BONIFACE
WINNIPEG MANITOBA R2H 3B4
Tel: 795-1247 Fax: 783-6446
www.manitobashingling.ca**

APPLICATION FOR ASSOCIATE MEMBERSHIP

The undersigned hereby applies for Associate Membership in the Manitoba Shingling Contractors Association of Manitoba.

COMPANY _____

STREET ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

APPLICATION MADE BY: _____

SIGNED _____ DATE _____

TELEPHONE _____ FAX _____ EMAIL _____

REPRESENTATIVE WILL BE:

II Sponsorship by Three Active Members of Manitoba Shingling Contractor Association Inc., and one must be a Board Member

	<u>NAME</u>	<u>COMPANY</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

A cheque drawn to the order of the Manitoba Shingling Contractors Association Inc. in payment for 1 years dues must accompany this application in the amount of **\$750.00** Acceptance in membership requires compliance with the By-laws and Rules of the Association.

Date admitted to membership: _____ By: _____
(For B. O.D.)