



**MANITOBA SHINGLING CONTRACTORS ASSOCIATION**

**BOX 103 ST. BONIFACE**

**WINNIPEG MANITOBA**

**R2H 3B4**

**Tel: 795-1247 Fax: 783-6446**

[www.manitobashingling.ca](http://www.manitobashingling.ca)

[marianboles@rcam.ca](mailto:marianboles@rcam.ca)

APPLICATION FOR INDUSTRY MEMBERSHIP

The undersigned hereby applies for INDUSTRY 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 must be received by at least 1 Associate Member and final approval will be given by the Board of Directors.

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

A cheque drawn to the order of the Manitoba Shingling Contractors Association in payment for one year's 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.)