



# APPLICATION FOR MEMBERSHIP

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY : \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHYSICAL STREET ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
*(for courier use)*

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF CONTRACTNG: \_\_\_\_\_ COMPANY WEB SITE: \_\_\_\_\_

### CONTACT INFORMATION:

EXECUTIVE CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADMIN CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TRAINING CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CONSENT TO ADD THE ABOVE EMAIL ADDRESSES TO MERIT SASKATCHEWAN (ONLY) ELECTRONIC LISTS FOR THE PURPOSE OF COMMUNICATING NEWS AND UPDATES TO OUR MEMBERSHIP:** YES

**HOURLY BANK BENEFIT PLAN:** APPROX NUMBER OF HOURLY EMPLOYEES: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

KICKSTART? Y  N  FOR THE MONTH OF \_\_\_\_\_ SHORT TERM DISABILITY? Y  N

DO YOU EMPLOY 1ST NATIONS PEOPLE? Y  N  DO YOU HAVE EMPLOYEES OVER AGE 65? Y  N

**OFFICE SUPERVISORY PLAN:** Y  N  # OFFICE EMPLOYEES \_\_\_\_\_ SHORT TERM DISABILITY? Y  N

IS YOUR COMPANY A MEMBER OF MERIT IN ANOTHER PROVINCE? : Y  N  PROVINCE: \_\_\_\_\_

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*I/We agree, if accepted into Merit Contractors Association Inc. membership, to abide by the general by-laws of the Association; to pay all membership dues, fees and levies approved by the Board of Directors; and to maintain participation in the Merit benefit plan for **ALL** hourbank field employees.*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

per \_\_\_\_\_ (applicant signature)

### ONE-TIME MEMBERSHIP FEES PAYABLE:

**New Members:** \$250 + GST \$12.50 = \$262.50

**Merit Members in another province:** NO FEE

*Please make cheque payable to Merit Contractors Association and forward to Merit Saskatchewan at the following address:*

**[www.meritsask.com](http://www.meritsask.com)**

# 62 - 17<sup>th</sup> Street West, PRINCE ALBERT SK S6V 3X3

TF: 1.844.637.4848 | Ph: 306.764.4380 | Fx: 306.764.4390 | Email: [info@meritsask.com](mailto:info@meritsask.com)