



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: _____

HOOR 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** Hour Bank field employees. I also provide express consent to Merit Contractors Association Inc. to send electronic communications to the email addresses contained herein.*

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

62 - 17th Street West, PRINCE ALBERT SK S6V 3X3

TF: 1.844.637.4848 | Ph: 306.764.4380 | Fx: 306.764.4390 | Email: info@meritsask.com