



APPLICATION FOR ASSOCIATE MEMBERSHIP

1. Complete the following company information:

Company Name			
Street Address			
WCB Firm #	WCB Industry Code		
City / Town	Province	Postal Code	
Phone #	Fax #	Email	
Contact Person			
Title			

2. Indicate your company's relationship to the construction industry

Owner (of property or land construction is to take place)

Supplier (of products, services, equipment or tools required for construction)

3. Date and sign the certification statement below:

I certify that the information provided on this form is true and correct.

Name (please print) _____

Signature: _____ Date: _____

4. Send this completed form and payment (\$500.00 + 5% GST = \$525.00) to:

Construction Safety Association of Manitoba
c/o CSAM Head Office, 290 Burnell Street, Winnipeg MB R3G 2A7

All applications will be subject to a qualifying review and approval process