



APPLICATION FOR ORAC ASSOCIATE MEMBERSHIP

The Applicant, _____

- an individual, a partnership, a corporation
(Please check applicable category)

located in the Province of Ontario whose purpose is to provide materials, equipment, education or training or other technical services to the Heating, Ventilation, Refrigeration and Air Conditioning Industry.

The Applicant hereby applies for an Associate Membership in the **Ontario Refrigeration and Air Conditioning Contractors Association (ORAC)**.

The Applicant agrees, if this application is accepted, to be bound and to abide by the Letters Patent, Constitution, By-Laws and Regulations of ORAC and to any resolutions of the Board of Directors or the membership of ORAC now or hereafter in force in the future.

If this application is accepted, the Applicant understands the benefits available to them as part of an Associate Membership. The benefits of an Associate Membership are as follows:

- Opportunity to attend quarterly Associate Committee Meetings and contribute to the development of ORAC 6 industry meetings and events
- Attend 6 industry meetings and events with our 130+ Contractor Members
- Sponsorship opportunities available for all industry meetings and events
- Advertisement space in the quarterly ORAC Cool News Letter

The Applicant agrees, if this application is accepted, to do the following to maintain its membership in ORAC as a "Member in good standing":

- attend in person or by proxy at least one ORAC membership meeting in each and every calendar year;
- abide by the Terms and Conditions for an Associate Member now or hereafter in force in the future;
- respond when called upon to serve the interests of ORAC
- to conduct its business in accordance with ORAC's Code of Ethics
- ensure ORAC is provided with up to date company contact information as changes may arise; and
- Ensure payment of ORAC Associate Membership Annual Dues in a timely manner.

The Applicant understands it is responsible to contact ORAC with any changes to your Company's contact information.

1. The Applicant's Business Address:

2. The Applicant's Head Office Address: (if different from above)

3. The Applicant's Telephone, Facsimile Numbers, and e-mail address:

Tel: _____ Fax: _____
e-mail: _____

4. Number of Years in Operation Under the Above Name: _____

5. If the Applicant is a Corporation, its' Officers are:

_____	President
_____	Vice-President
_____	Secretary
_____	Treasurer

6. If the Applicant is a Partnership, the Partners are:

Names	Telephone Numbers
_____	_____
_____	_____
_____	_____

7. The Applicant's Main Representative to ORAC will be:

_____	Telephone Number
_____	_____
_____	Email
_____	_____

8. The Applicant's Secondary Representative to ORAC will be:

_____	Telephone Number
_____	_____
_____	Email
_____	_____

REFERENCES

The Applicant hereby authorizes ORAC to obtain three (3) professional references as to its status in the industry. The Applicant’s references are as follows:

Supplier Reference:	_____	_____
	Name	Telephone
	_____	_____
	Address	Postal Code
Customer Reference:	_____	_____
	Name	Telephone
	_____	_____
	Address	Postal Code
Bank Reference:	_____	_____
	Name	Telephone
	_____	_____
	Address	Postal Code

The Applicant acknowledges that membership in ORAC is terminated if the member does not maintain its “Member in good standing” status or can be terminated any time for other reasons considered sufficient by the Board of Directors. Please complete the following information in full.

CERTIFICATION

The Applicant hereby certifies that all the above information provided by it is true and is a complete representation of the facts concerning this application.

Submitted by: Name (Please Print) _____

Signature _____

Title _____

Date _____

ASSOCIATION USE ONLY

Approved on Behalf of the Association

Name _____

Title _____

Date _____

Getting to Know You!

ORAC New Members Information Form

The ORAC Board of Directors would like to get to know your company a little better when your application is present at the next Board of Directors Meeting. You may attach additional pages if required.

Required Fields

*Company Name:

Address:

City:

Province

Postal

Code:

Number of

Employees

Question 1: Please tell us more of your Company's background?

Question 2: Why would you like to become an ORAC Member?

OTHER ITEMS

Please note that your application must include proof of Liability Insurance in order to be considered for approval by the ORAC Board of Directors. Please ensure that your proof of Liability Insurance is included here within.

MEMBERSHIP FEES AND DUES

The Applicant agrees to pay such fees and dues to ORAC as are determined from time to time by the Board of Directors. The Board of Directors has established an **Initiation Fee of \$1,500.00** and **Annual Membership Dues of \$1,500.00**. **Please include 13% H.S.T.** (R-126326107 RT). The Applicant encloses, with this application, a payment in the amount of **\$3,390.00** (or an amount described in the table below) to cover the above.

***Please Note:** Annual Membership dues are prorated, at Quarter Year intervals, at the time of Application. Please refer to the table below.*

Application Submission Date	% of Annual Dues Payable w/ Application		Initiation Fee	Sub-Total	HST	Total Due w/ Application
Jan 1 - Mar 31	100% = \$1,500.00	+	\$1,500.00	\$3,000.00	\$390.00	<u>\$3,390.00</u>
Apr 1 - Jun 31	75% = \$1,125.00	+	\$1,500.00	\$2,625.00	\$341.25	<u>\$2,966.25</u>
Jul 1 - Sep 30	50% = \$750.00	+	\$1,500.00	\$2,250.00	\$292.50	<u>\$2,542.50</u>
Oct 1 - Dec 31	25% = \$375.00	+	\$1,500.00	\$1,875.00	\$243.75	<u>\$2,118.75</u>

If paying by cheque, please make cheque payable to the **Ontario Refrigeration & Air Conditioning Contractors Association**. Cheques can be mailed to ORAC at: **133 Milani Boulevard, Suite 104, Vaughan ON L4H 4M4**.

CREDIT CARD PAYMENT AUTHORIZATION

VISA MASTERCARD AMEX

Name of Card Holder (Print) _____

Card No.: _____

Expiry Date: _____ Amount _____

Signature: _____

Date: _____