



APPLICATION FOR ORAC PROVINCIAL MEMBERSHIP

(COMMERCIAL CONSTRUCTION SERVICE & MAINTENANCE)

The Applicant, _____

- an individual a partnership a corporation
(please check applicable category)

in a business as a contractor selling, erecting, installing, altering, repairing, servicing or maintaining refrigeration and air conditioning equipment in connection with industrial, commercial, institutional or residential projects.

The Applicant hereby applies for a 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, and to the terms of any Collective Agreement that may be in force now or in the future between the Association and the Trade Union.

If this application is accepted, the Applicant understands the benefits available to them as part of a Commercial Construction Provincial Membership. The benefits of a Commercial Construction Provincial Membership are as follows:

- Access to educational and training seminars
- Networking and social opportunities with other HVAC contractors
- Access to Brazing testing in accordance with TSSA requirements.
- Access to the list of highly qualified 1st year apprentices
- Access to the Annual General Meeting
- Current updates on the progress of changes in regulations in our Industry
- Access to Cool News (quarterly newsletter)
- Access to key Associate Member suppliers to the HVAC industry
- Access to ORAC board to guide the future direction of the association
- Access to Contractor Resources via the ORAC website

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:

Name	Telephone Number
_____	_____
Title	Email
_____	_____

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

Name	Telephone Number
_____	_____
Title	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.

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.

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?

MEMBERSHIP FEES AND DUES

The Applicant agrees to pay such fees and dues to ORAC as 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 \$500.00** (payable with this application, and then January of each year thereafter). **Please include 13% H.S.T.** (R-126326107 RT). The Applicant encloses, with this application, a payment in the amount of **\$2,260.00** (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 with Application		Initiation Fee	Sub-Total	HST	Total Due with Application
Jan 1 – Mar 31	100% = \$500.00	+	\$1,500.00	\$2,000.00	\$260.00	<u>\$2,260.00</u>
Apr 1 – Jun 31	75% = \$375.00	+	\$1,500.00	\$1,875.00	\$243.75	<u>\$2,118.75</u>
Jul 1 – Sep 30	50% = \$250.00	+	\$1,500.00	\$1,750.00	\$227.50	<u>\$1,977.50</u>
Oct 1 – Dec 31	25% = \$125.00	+	\$1,500.00	\$1,625.00	\$211.25	<u>\$1,836.25</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: _____

The Applicant hereby agrees, if this application is accepted, to maintain its membership in ORAC in good standing. This includes:

- Attend in person or by proxy at least one ORAC membership meeting in each calendar year;
- Promptly pay any outstanding ORAC invoices
- Indemnify ORAC Officers, Directors and Committee Members on any Committee action;
- Field personnel to be trained by the J.T.A.C. (Joint Training and Apprenticeship Committee) and abide by the rules and directions of said Committee;
- Respond when called upon to serve the interests of ORAC; and
- Conduct its business in accordance with ORAC’s Code of Ethics.
- Ensure payment of ORAC Annual Membership Dues are made in a timely manner