

Associate Membership Application

Company: _____

Address: _____

Telephone: _____ Fax: _____

Website: _____

Name of Principal Representative: _____

E-mail: _____

Name of Alternate Representative: _____

E-mail: _____

*(Please send company logo and a description of your business (100 words or less) to
Lucy Roberts at lroberts@ecao.org for inclusion on the Associate Member Directory
section of the ECAO website.)*

Type of Business (please select only one):

- | | |
|------------------------------------|--------------------------------|
| Inspection or Certification Agency | <input type="checkbox"/> |
| Manufacturer | <input type="checkbox"/> |
| Distributor/Supplier | <input type="checkbox"/> |
| Consultant/Soft Services Supplier | <input type="checkbox"/> |
| Other (please specify): | <input type="checkbox"/> _____ |

Question: What do you hope to gain from your membership in ECAO?

We enclose \$525.00 (includes \$25.00 GST #124123936) in payment of the first year's dues and agree, when accepted for associate membership, to pay dues for the second and each subsequent year of associate membership in ECAO.

We agree, when accepted into associate membership, to abide by all rules and regulations of the Association now in force or those that may be adopted. We further understand that associate members shall not be entitled to Director or Officer positions within ECAO other than on the Associate Members Executive Council.

Signature of Principle Representative

Date