

Affiliate Partnership Application-2024

Company:		
Address:		
Telephone:	Fax:	
Website:		
Name of Principal Representative:	E-mail:	
Name of Alternate Representative:	<u>E</u> -mail:	
Type of Business (please select only one):	
Inspection or Certification Agency Manufacturer Distributor/Supplier Consultant/Soft Services Supplier Other (please specify): Question: What do you hope to gain from	your membership in ECAO?	
HST #124123936) in payment of the fi 1 to December 31, 2024. (Should you Partnership fee will be pro-rated accord We agree, when accepted into the affiliat	te partnership, to abide by all rules and regule that may be adopted. We further understan	anuary , your
Signature of Principle Representative	 	