

Membership Application Form

Business Name: _____

Owner Name (s): _____

Contact Name: _____ Contact Position: _____

Address: _____

Street

Prov. Postal Code

Address (Mailing): _____

Street

Prov. Postal Code

C of A #: _____

Telephone #1: _____ Telephone #2: _____

Fax: _____ Toll Free: _____

Contact Home Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Business Type (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Septic Pumping | <input type="checkbox"/> Portable Toilet Rental |
| <input type="checkbox"/> Septic System design / Installation | <input type="checkbox"/> Biosolid Management |
| <input type="checkbox"/> Septic System Service Suppliers and Inspectors | <input type="checkbox"/> Affiliate |

Has this company ever been found in violation of the terms of its C of A? Yes No

If yes, explain:

Which membership type are you applying for?

- | | |
|---|--|
| <input type="checkbox"/> Regular: \$400 plus HST per annum | For businesses involved in the installation or cleaning of septic tanks, the haulage or treatment of septage, or the rental of portable toilets or other facilities. |
| <input type="checkbox"/> Affiliate: \$375.00 plus HST per annum | For the businesses actively involved in the sales of supplies to septic---related businesses or similar support (i.e. insurance brokers, tax or fuel rebate services). |

Please make cheques payable to **Ontario Association of Sewage Industry Services**
 Remit to **P.O. Box 184 Bethany, ON, L0A 1A0**

Authorized Signature,

 PRINT NAME:
 DATE: