



Electrical Contractors Association of Ottawa

Application Form

CONTRACTOR MEMBERSHIP

Company Information

Date: _____

Company Contact: _____

Owner(s): _____

Company Name: _____

Company Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____ eMail: _____

Fax: _____ Web Site: _____

Additional Contact(s): _____ eMail: _____

Additional Contact(s): _____ eMail: _____

Type of Business (Please ☒ check all that apply)

☐ Industrial ☐ Commercial ☐ Institutional ☐ Residential ☐ Service

☐ Other: _____

Membership Dues

ANNUAL MEMBERSHIP DUES \$ 300.00

PLUS 13% H.S.T. (No. R107291197) \$ 39.00

TOTAL ANNUAL DUES \$ 339.00

Please check ☒ the appropriate box

☐ Invoice Me

☐ Visa

☐ MasterCard

Cardholder Name: _____

Card #: _____

Expiry Date: _____

Authorized Signature: _____

Owner Signature(s)

Signature: _____ Signature: _____

Title: _____ Title: _____

For Use Of ECA Ottawa

Approved by: _____

President: _____

Executive Director: _____

Date: _____

Please Return To

Electrical Contractors Association of Ottawa

86 Greenfield Ave Ottawa, Ontario K1S 0X7

Phone: 613.238.1124 Fax: 613.238.8194

eMail: info@ecaottwa.org Website: www.ecaottawa.org