

**MEMBER INFORMATION**

<b>Company Trade Name*</b>					
<b>Legal Company Name*</b>					
<b>Address*</b>					
<b>City*</b>		<b>Province*</b>		<b>Postal Code*</b>	
<b>Website</b>					

**PRIMARY CONTACT INFORMATION**

<b>First Name*</b>		<b>Last Name*</b>	
<b>Phone Number*</b>		<b>Email Address*</b>	

**SECONDARY CONTACT INFORMATION**

<b>First Name*</b>		<b>Last Name*</b>	
<b>Phone Number*</b>		<b>Email Address*</b>	

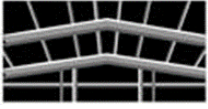
**MEMBERSHIP CLASSIFICATION**

Please select all that apply.

<input type="checkbox"/>	<b>Contractor</b>	<input type="checkbox"/>	<b>Manufacturer/Supplier</b>
<input type="checkbox"/>	<b>Contractor/Erector</b>	<input type="checkbox"/>	<b>Consultant</b>
<input type="checkbox"/>	<b>Erector</b>	<input type="checkbox"/>	<b>Affiliate</b>

**QUESTIONNAIRE**

<b>How did you hear about AMBA?*</b>			
<b>In Alberta, Iron Workers is a compulsory trade, are you aware of this?*</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<b>Do you currently employ Alberta registered apprentices/journeymen Ironworker Metal Building System Erectors?*</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<b>If no, would you like to speak to a Board member on the topic?*</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
<b>What are your expectations of the Association?*</b>			
<b>Would you be willing to be involved with the Association?*</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			<input type="checkbox"/>
			No



<b>If yes, on what level?</b>	<input type="checkbox"/>	Board Member	<input type="checkbox"/>	Committee Chair	<input type="checkbox"/>	Committee Member
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**ADDITIONAL E-NEWSLETTER SUBSCRIBERS**

Please include any additional employees in the spaces provided below to subscribe to the quarterly newsletter.

First Name	Last Name	Email Address

**MEMBERSHIP FEES**

<b>Dues</b>	\$ 495.00	<b>GST</b>	\$24.75	<b>Total</b>	\$519.75
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**PAYMENT INFORMATION**

<input checked="" type="checkbox"/>	<b>Type</b>	<b>Credit Card/Cheque #</b>	<b>Expiry Date</b>
<input type="checkbox"/>	Credit Card	<b>Cardholder Name</b>	<b>CSV #</b>
<input type="checkbox"/>	Cheque	<b>Email receipt/invoice to:</b>	
<input type="checkbox"/>	Invoice		

Please make cheque payable to **Alberta Metal Building Association** and return completed form with payment to the AMBA office via mail, email, or fax addressed below: