



Canadian Institute of Plumbing & Heating  
L'Institut canadien de plomberie et de chauffage

A National Voice With Regional Roots | Une histoire régionale, une voix nationale

## APPLICATION FOR MEMBERSHIP

### CANADIAN-BASED ASSOCIATE MEMBER: BUYING GROUP

The undersigned hereby applies for membership in the Canadian Institute of Plumbing & Heating/L'Institut canadien de Plomberie et de Chauffage and, if accepted, agrees to comply with all the provisions of the By-Laws of the Institute. The undersigned agrees to pay annual dues in accordance with the schedule approved by the Board of Directors of the Institute.

- Please return your application with cheque for the amount you have calculated.
- A dues calculation form is provided.
- Dues are payable each May 1<sup>st</sup>.
- The Institute's fiscal year is May 1<sup>st</sup> to April 30<sup>th</sup>.
- The CIPH Board of Directors will review your application at the next Board Meeting.
- If your application is not accepted, a full refund will be made.

#### ARTICLE 11.04 - MEMBERSHIP

##### vi. Associate: Buying Group (Non-Voting)

- vi. Any person being a Canadian Corporation or Subsidiary shall be eligible to be an Associate Member (Non-Voting) Buying Group provided a significant portion of their membership represents CIPH Wholesalers and Specialty Wholesalers. The company must have been in business based in Canada for a reasonable period of time as determined by the Board.

Please complete the following form:

Name of Buying Group

Address

City

Province

Postal Code

Telephone

Fax

Other

E-mail

Web Site

1. Applicant Name

Position

2. Signature

Date

3. a) How many members does your Buying Group presently have?

b) How many Wholesaler and Specialty Wholesalers in your Buying Group are presently members of CIPH?

...continued

**APPLICATION FOR MEMBERSHIP: ASSOCIATE MEMBER: BUYING GROUP***(please check where appropriate )***4. As part of its business does the Buying Group:**

a) Install products?

 YES  NO

b) Sell products to the consumer?

 YES  NO**5. How many people does the Buying Group employ in Canada?** 1-5 5-10 10-15 More than 15**6. a) What year was the Buying Group established?**

b) Is it registered or incorporated in Canada?

 YES Federally Provincially NO**7. a) Is the Buying Group affiliated with any other Canadian company?** YES NO

If yes, please give the name and explain the relationship:

b) Is the Buying Group affiliated with any other non-Canadian company?

 YES NO

If yes, please give the name and explain the relationship:

**8. Canada's Anti-Spam Legislation fulfillment: "Yes, I agree to receive e-communications from CIPH":** **9. List key employees of the Buying Group or attach a list:**

Name

Title

Location and Email

Name

Title

Location and Email

Name

Title

Location and Email

**10. To assist the CIPH Membership Committee with their recommendation to the CIPH Board, please indicate the top three reasons why you want to become a member of the Institute or attach a list.** List Attached

1.

2.

3.

**THANK YOU FOR APPLYING FOR MEMBERSHIP IN CIPH!****THE CIPH BOARD OF DIRECTORS WILL REVIEW YOUR APPLICATION AT THE NEXT BOARD MEETING***Thank you!***Canadian Institute of Plumbing & Heating**

295 The West Mall, Suite 504, Toronto, ON M9C 4Z4

Tel: 416 695 0447 ■ Fax: 416 695 0450 ■ Web Site: [www.ciph.com](http://www.ciph.com)



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## 2019/2020 DUES CALCULATION FORM

### CIPH ASSOCIATE MEMBER: BUYING GROUP

- The following dues schedule has been approved by the Board of Directors of CIPH
- Effective May 1, 2019 for the CIPH fiscal year May 1, 2019 to April 30, 2020
- Dues are payable May 1 or with your application for CIPH Membership

1. <input type="checkbox"/> Buying Group	\$ 1,050
2. PLUS GST/HST per Province of origin (calculated on Item 2) Registration #10686 1669RT0001 <input type="checkbox"/> AB-5% <input type="checkbox"/> BC-5% <input type="checkbox"/> MB-5% <input type="checkbox"/> NB-15% <input type="checkbox"/> NL-15% <input type="checkbox"/> NT-5% <input type="checkbox"/> NS-15% <input type="checkbox"/> ON-13% <input type="checkbox"/> PE-15% <input type="checkbox"/> QC-5% <input type="checkbox"/> SK-5% <input type="checkbox"/> NU-5% <input type="checkbox"/> YU-5%	\$
3. <b>TOTAL DUES</b> (Item 2 plus Item 3)	<b>\$</b>

DATE PAID:

**A COPY OF DUES CALCULATION FORM AND PAYMENT  
MUST ACCOMPANY YOUR APPLICATION**

SIGNING OFFICER:

SIGNATURE:

COMPANY:

ADDRESS:

PAYMENT OPTIONS

(please check where appropriate )

To pay by credit card, please fax CIPH at 416 695 0450

VISA

MASTERCARD

CHEQUE

(Please print)

Card Holder Name

Signature

Card Number

Exp. Date

CVV # (back of credit card)

PLEASE RETURN A COPY WITH YOUR PAYMENT AND KEEP A COPY FOR YOUR RECORDS OF HST PAID .... *Thank you!*

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