



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 MANUFACTURERS' AGENT

and as a Member of the CIPH Manufacturers' Agent Council

The undersigned hereby applies for membership in the Canadian Institute of Plumbing & Heating/L'Institut canadien de plomberie et de chauffage and, if approved, 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.

- To be eligible for membership in CIPH, the agent must represent at least one current member of CIPH.
- This is an annual requirement of maintaining membership.
- Please return your application to CIPH with a dues cheque.
- A dues calculation form is provided.
- Dues are payable each May 1st. The Institute's fiscal year is May 1st to April 30th.

ARTICLE 11.04 - MEMBERSHIP

Section 3. Associate Members (Non-Voting)

1) MANUFACTURERS' AGENT

Any person being a Manufacturers' Agent shall be eligible as an Associate Member providing his principal business is performing in Canada the SALES AND MARKETING functions with architects, engineers, contractors and retailers THROUGH WHOLESALE DISTRIBUTORS for one or more CIPH members in a defined, EXCLUSIVE SALES TERRITORY. The agent shall NOT be engaged in the installation of or sale to consumers of plumbing and heating products.

Please complete the following form:

Company Name

Address

City

Province

Postal Code

Telephone

Fax

Other

E-mail

Web Site

1. President of Company

2. Applicant Name

Position

3. Signature

Date

4. Is the company's primary business performing the SALES AND MARKETING functions for a CIPH member manufacturer with architects, engineers, contractors and retailers? YES NO

(please check where appropriate)

THROUGH WHOLESALE DISTRIBUTORS?

YES NO

5. Which MEMBER(S) OF CIPH does the company currently represent in an EXCLUSIVE sales territory:

...continued

APPLICATION FOR MEMBERSHIP: CANADIAN-BASED MANUFACTURERS' AGENT

(please check where appropriate)

6. What is the company's geographic marketing area for these products?

7. List other plumbing, heating or hydronics **manufacturers**:

8. As part of your business do you:

a) Install products? YES NO

b) Sell products to the consumer? YES NO

9. a) Date company established? Year: _____
b) How long has it been under the present ownership? Years: _____
c) Is it registered or incorporated in Canada? YES Federally Provincially NO

10. Is the company affiliated with any other Canadian company? YES NO

Is the other company in the plumbing and heating industry? YES NO

Please give name and explain the relationship:

11. How many employees does the company have in Canada?

Under 5 5 - 9 over 10

12. Canada's Anti-Spam Legislation fulfillment: "Yes, I agree to receive e-communications from CIPH":

13. Please list your key Canadian employees and titles:

Name _____ Title _____

Location and email _____

Name _____ Title _____

Location and email _____

Name _____ Title _____

Location and email _____

14. 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



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2018/2019 DUES CALCULATION FORM

CANADIAN-BASED MANUFACTURERS' AGENT

- The following dues schedule has been approved by the Board of Directors of CIPH.
- Effective May 1, 2018 for the CIPH fiscal year May 1, 2018 to April 30, 2019.
- Dues are payable May 1 or with your application for CIPH Membership.

1. LIST ALL CIPH MEMBER MANUFACTURERS & MASTER DISTRIBUTORS YOUR AGENCY REPRESENTS - IF MORE THAN 4 PLEASE ATTACH LIST:

List attached

a) b) c) d)

If no CIPH member is represented, the company is not eligible for Membership

2. BASIC DUES/SUBTOTAL	\$575
3. LOCATION DUES (IF ANY) \$125 for each additional region in which your agency has a sales office. <input type="checkbox"/> BC <input type="checkbox"/> AB <input type="checkbox"/> SK <input type="checkbox"/> MB <input type="checkbox"/> ON <input type="checkbox"/> QC <input type="checkbox"/> MARITIME (includes PEI, NS, NB) <input type="checkbox"/> NL	\$
4. ANNUAL DUES/SUBTOTAL (Item 2 plus Item 3)	\$
5. PLUS GST/HST per Province of origin (calculated on Item 4) Registration #10686 1669RT <input type="checkbox"/> AB-5% <input type="checkbox"/> BC-12% <input type="checkbox"/> MB-13% <input type="checkbox"/> NB-13% <input type="checkbox"/> NL-13% <input type="checkbox"/> NT-5% <input type="checkbox"/> NS-15% <input type="checkbox"/> ON-13% <input type="checkbox"/> PE-14% <input type="checkbox"/> QC-14.975% <input type="checkbox"/> SK-10% <input type="checkbox"/> NU-5% <input type="checkbox"/> YU-5%	\$
6. TOTAL 2018/2019 DUES (Item 4 plus Item 5)	\$

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) Cardholder Name	Signature
Card Number	Expiry Date
CVV # (back of credit card)	

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

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