



## APPLICATION FOR MEMBERSHIP CANADIAN WHOLESALER DISTRIBUTOR: VOTING MEMBER

“Wholesaler Distributor” means a Person whose principal business is the distribution to the industry of Plumbing and Heating products and that he continuously carries in stock a general assortment thereof in sufficient quantities to answer all ordinary requirements of the industry in his locality. CIPH By-Laws recognize two classes of Wholesalers: 1: Wholesaler Distributor 2. Specialty: Wholesaler Distributor

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 calculate annual membership dues based on last year's sales plus locations that inventory and sell plumbing, heating, hydronics, waterworks and industrial products.
- A dues calculation form is provided.
- Dues are payable each May 1<sup>st</sup>.
- Please return your application to CIPH with a cheque or credit card information for the amount you have calculated.
- 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.

Please complete the following form:

Company

Address

City	Province	Postal Code
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Telephone	Fax	Other
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E-mail	Web Site
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1. President of Company

2. Applicant Name	Position
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3. Signature	Date
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4. Please list up to 3 **MANUFACTURERS** who sell to the company on a regular basis in each applicable category below. You must carry the product in your regular monthly inventory.

4.1 Full Line of Plumbing Fixtures/Bathware:

4.2 Full Line of Faucets & Plumbing Trim:

4.3 Tubing & Pipe:

4.4 Water Heaters:

4.5. Pipe Fittings & Accessories:

4.6. Full Line of Drains:

4.7. Hydronic Equipment:

4.8. Potable Water System Equipment:

4.9. Bath & Shower Accessories:

4.10. Controls:

4.11. Full Line of Valves:

4.12. Municipal Valves & Hydrants:

4.13. Air and Radiant Heating Equipment:

4.14. Air Conditioning Equipment:

4.15. Sheet Metal Fittings & Components:

4.16. Refrigeration & Refrigeration Supplies:

4.17. Accessories:

4.18. Pumps:

4.19. Pump accessories:

4.20. Water Treatment:

**APPLICATION FOR MEMBERSHIP: CANADIAN WHOLESALER DISTRIBUTOR***(please check where appropriate )*

5. What is the company's geographic marketing area?

6. How many branch locations?

7. What is the company's estimated average monthly inventory?

 Under \$500,000 \$500,000 to \$1,000,000 Over \$1,000,000

8. What other product groups does the company stock and sell?

9. What percentage of the company's total sales do these products represent? %

10. What percentage of the company's sales are to:

Plumbing, Heating & Mechanical  
Contractors: %

Consumers: %

Please Specify Others:

 Builders % Retailers % Industrial %

11. Does the company install any of the products it sells?

 YES  NO

12. How many people does the company employ in Canada?

 Under 50 50 - 150 150 - 500 Over 500

13. 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

14. Is the company affiliated with any other Canadian company?

 YES  NO

Is that company in the plumbing and heating industry?

 YES  NO

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

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

16. Please list your key Canadian employees and titles:

Name

Title

Location and email

Name

Title

Location and email

Name

Title

Location and email

17. 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 WILL REVIEW YOUR APPLICATION AT THE NEXT BOARD MEETING****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



## 2019/2020 DUES CALCULATION FORM

### CIPH WHOLESALER DISTRIBUTOR MEMBER

- 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. PLEASE LIST SUBSIDIARIES INCLUDED, IF ANY:		
2. BASIC DUES (Canadian Annual Sales, Including Subsidiaries) (please check where appropriate <input checked="" type="checkbox"/> )		
<input type="checkbox"/> On Sales of over \$100 million		\$5,150
<input type="checkbox"/> On Sales of \$50 million to \$100 million		\$4,390
<input type="checkbox"/> On Sales of \$20 to \$50 million		\$3,110
<input type="checkbox"/> On Sales of \$1 to \$20 million		\$1,800
BASIC DUES (Head office warehouse is included in "basic")		\$
3. LOCATION DUES (IF ANY)		
\$125 for each location that inventories and sells one or more of plumbing, heating, hydronics, waterworks and industrial PVF products.		
# LOCATIONS:	x \$125 =	(Maximum - 80 locations or \$10,000)
		\$
4. ANNUAL DUES/SUBTOTAL (Item 2 plus Item 3)		\$
5. PLUS GST/HST per Province of origin (calculated on Item 4) 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%		
6. TOTAL DUES (Item 4 plus Item 5)		\$

**A SIGNED 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!**