



## APPLICATION FOR MEMBERSHIP

### CANADIAN-BASED ASSOCIATE MEMBER: BUYING GROUP

**Associate: Buying Group (Non-Voting)** - 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.

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 to CIPH with dues payment. Dues payments will not be processed until your application has been approved.**
- **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.**

**Please complete the following form and email to: [info@ciph.com](mailto:info@ciph.com)**

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**

**Canadian Institute of Plumbing & Heating**

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

Tel: 416 695 0447 / 1-800-639-2474 ■ Email: info@ciph.com ■ Web Site: www.ciph.com



## 2023/2024 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, 2023 for the CIPH fiscal year May 1, 2023 to April 30, 2024.
- Dues are payable May 1 or with your application for CIPH Membership.

1. <input type="checkbox"/> Buying Group	\$ 1,240
2. PLUS GST/HST per Province of origin (calculated on Item 1) 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 1 plus Item 2)	\$
DATE PAID:	

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

SIGNING OFFICER:	SIGNATURE:	
COMPANY:		
ADDRESS:		
PAYMENT OPTIONS <i>(please check where appropriate <input checked="" type="checkbox"/>)</i>		
To pay by credit card, please email completed application: <a href="mailto:info@ciph.com">info@ciph.com</a>		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> 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 GST/HST PAID**

***Thank you!***

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