



AFFILIATE MEMBERSHIP APPLICATION

TO: MCA SASKATCHEWAN BOARD OF DIRECTORS

Company Name _____

Address 1:	Address 2:
City:	City:
Province:	Province:
Postal Code:	Postal Code:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-Mail:
Contact:	Contact:

TYPE OF BUSINESS

_____ Wholesale _____ Agent

ANNUAL MEMBERSHIP FEES

Wholesale	\$ 450.00 Cdn	_____
Agent (Distributor, Manufacturer, Mfg Agent)	\$ 200.00 Cdn	_____
	GST @ 5%	_____
G.S.T. # R107686339	TOTAL	_____

PAYMENT MUST ACCOMPANY APPLICATION

METHOD OF PAYMENT: <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> INTERAC
CARD NUMBER: _____ EXPIRY DATE: _____
CARD HOLDER NAME: _____
SIGNATURE: _____

Privacy Policy: If you provide us your personal/financial information, it will only be used or disclosed for the purposes for which it was collected or in limited circumstances, in accordance with The Freedom of Information and Protection of Privacy Act.