

ASSOCIATE MEMBERSHIP APPLICATION

COMPANY INFORMATION

COMPANY NAME: _____

BILLING ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PRIMARY CONTACT: _____ POSITION: _____

EMAIL ADDRESS: _____ WEB ADDRESS: _____

OFFICE PH #: _____ CELL PH #: _____ DIRECT PH #: _____ FAX PH #: _____

Please describe the primary purpose of your business?
If you require more space, please use the **ASSOCIATE MEMBER SERVICE LISTING** to indicate the categories which represent your company.

HOW MANY YEARS IN BUSINESS _____ BBB RATING (IF APPLICABLE) _____ BBB COMPLAINTS (IF ANY) _____

HOW MANY EMPLOYEES DO YOU HAVE? _____ Less than 3 _____ 4-10 _____ 11-25 _____ 26 PLUS _____

HOW DID YOU HEAR ABOUT BCAOMA?

<input type="checkbox"/>	FLYER	<input type="checkbox"/>	TELEVISION	<input type="checkbox"/>	RADIO	<input type="checkbox"/>	MAGAZINE
<input type="checkbox"/>	INTERNET	<input type="checkbox"/>	OTHER	REFERRED BY: _____			

Please enclose the following with your application:

- ◆ **TWO RECOMMENDATIONS:** Associate members must be recommended by two 'Regular Members'. Recommendations must be in writing and will be held on file in the office of the BCAOMA. (form attached)
- ◆ **BUSINESS LICENSE:** A Photocopy of your business license.
- ◆ **STANDARD AGREEMENT:** A copy of your standard agreement, if one is used in your business.
- ◆ **ANNUAL DUES:** Annual Dues for 2012 will be \$475.00 + \$25.00 (one-time application fee). Membership Dues are HST Exempt.
 - ◆ APPLICATIONS RECEIVED AFTER JUNE 30TH AND PRIOR TO DECEMBER 31ST WILL BE PRO-RATED MONTHLY, BASED ON THE CURRENT YEARS DUES.
 - ◆ THE FOLLOWING YEARS DUES WILL BE ADDED TO THE PRO-RATED VALUE TO DETERMINE THE MEMBERSHIP AMOUNT.
 - ◆ MEMBERSHIP IS BASED ON A CALENDAR YEAR OF JANUARY 1ST – MIDNIGHT DECEMBER 31ST
 - ◆ ANNUAL DUES INVOICES ARE EMAILED/MAILED/FAXED TO THE ASSOCIATE THE FIRST WEEK IN NOVEMBER PROVIDING 60 DAYS FOR PAYMENT TO ARRIVE AT THE OFFICE PRIOR TO THE END OF THE YEAR.
 - ◆ MEMBERSHIP DUES ARE NON-REFUNDABLE
 - ◆ PAYMENT IS REQUIRED TO ACTIVATE YOUR ACCOUNT

PAYMENT OPTIONS

CHEQUE ENCLOSED PLEASE CHARGE MY MEMBERSHIP DUES TO MY CREDIT CARD

CARD NUMBER _____ EXPIRATION _____ / _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

I/We agree to abide by the Associate Member Code of Ethics as adopted by the BCAOMA and acknowledge membership is not transferrable.
*All applications are subject to Board Approval. Associate members do not have voting rights.

_____ DATED _____ SIGNATURE OF OWNER/DIRECTOR _____

ASSOCIATE MEMBER CODE OF ETHICS

- ◆ ASSOCIATE MEMBERS SHALL ABIDE BY THE CONSTITUTION, BY-LAWS AND POLIES OF THE ASSOCIATION.
- ◆ ASSOCIATE MEMBERS SHALL CO-OPERATE, WHERE APPROPRIATE, WITH THE ASSOCIATION IN PROVIDING AN EXCHANGE OF INFORMATION FOR THE BENEFIT OF MEMBER RELATIONS.
- ◆ ASSOCIATE MEMBERS SHALL COMPLY WITH ALL LICENSING AND BONDING REQUIREMENTS AND ENDEAVOUR TO COMPLY WITH ALL THE REGULATIONS OF APPLICABLE MUNICIPAL, LOCAL, PROVINCIAL AND FEDERAL AGENCIES AND AUTHORITIES, AND PROVIDE THE ASSOCIATION WITH PERIODIC CONFIRMATION UPON REQUEST.
- ◆ ASSOCIATE MEMBERS SHALL STRIVE TO SERVE CUSTOMERS WITH HONEST VALUES AND AVOID ANY ACTION WHICH CONTRADICTS THIS PRINCIPAL.
- ◆ ASSOCIATE MEMBERS SHALL ENSURE ALL CONTRACTS TO MEMBERS ARE OFFERED IN GOOD FAITH AND ARE FREE FROM CLAUSES WHICH DICTATE AUTOMATIC RENEWAL, RIGHT OF FIRST REFUSAL AND UNSUBSTANTIATED ANNUAL PRICE INCREASES.
- ◆ ASSOCIATE MEMBERS SHALL HONOR ALL COMMITMENTS AND GUARANTEES, AND SEEK TO RESOLVE ANY DISPUTES IN A FAIR AND EXPEDITIOUS MANNER.
- ◆ ASSOCIATE MEMBERS SHALL SUPPORT THE PRINCIPLES AND OBJECTIVE OF THE ASSOCIATION AND NOT ENGAGE IN ANY ACTIVITY WHICH WOULD REFLECT ADVERSELY ON THE ASSOCIATION OR IT'S MEMBERS.

DATED: _____ SIGNATURE: _____

PLEASE SIGN AND RETURN THIS COPY FOR OUR RECORDS AND KEEP THE FOLLOWING COPY FOR YOUR FILES.

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