

Affiliate Partnership Application

Company: _____

Address: _____

Telephone: _____ Fax: _____

Website: _____

Name of Principal Representative: _____

E-mail: _____

Name of Alternate Representative: _____

E-mail: _____

(Please send your company logo and a description of your business [100 words or less] for inclusion on the Affiliate Partner Directory section of the ECAO website to Cathy Frederickson @ <mailto:cfrederickson@ecao.org>)

Type of Business (please select only one):

- | | |
|------------------------------------|--------------------------------|
| Inspection or Certification Agency | <input type="checkbox"/> |
| Manufacturer | <input type="checkbox"/> |
| Distributor/Supplier | <input type="checkbox"/> |
| Consultant/Soft Services Supplier | <input type="checkbox"/> |
| Other (please specify): | <input type="checkbox"/> _____ |

Question: What do you hope to gain from your partnership with ECAO?

We enclose \$621.50 (includes \$71.50 HST # 124123936) in payment of the first year's dues and agree, when accepted for Affiliate Partnership, to pay dues for the second and each subsequent year of affiliate partnership with ECAO.

We agree, when accepted as an affiliate partner, to abide by all rules and regulations of the Association now in force or those that may be adopted. We further understand that affiliate partners shall not be entitled to Director or Officer positions within ECAO other than on the Affiliate Partners Executive Council.

Signature of Principle Representative_____
Date