

Affiliate Partnership Application-2023

Company:	
Address:	
Telephone:	Fax:
Website:	
Name of Principal Representative:	E-mail:
Name of Alternate Representative:	<u>E</u> -mail:
Type of Business (please select only one)):
Inspection or Certification Agency Manufacturer Distributor/Supplier Consultant/Soft Services Supplier Other (please specify): Question: What do you hope to gain from	your membership in ECAO?
#124123936) in payment of the first y December 31, 2022. (Should you join EC fee will be pro-rated accordingly.) You m	rd, ECAO will invoice \$621.50 (includes \$71.50 HST ear's dues and agree, fiscal year of January 1 to CAO after January 31 of any year, your Partnership ay also pay by credit card.
of the Association now in force or those affiliate partners shall not be entitled to D	that may be adopted. We further understand that Director or Officer positions within ECAO.
Signature of Principle Representative	Date