

Affiliate Partnership Application-2025

Company: _____

Address: _____

Telephone: _____ Fax: _____

Website: _____

Name of Principal Representative: _____ E-mail: _____

Name of Alternate Representative: _____ E-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?

Once formally approved by the ECAO Board, ECAO will invoice \$621.50 CAD (includes \$71.50 HST #124123936) in payment of the first year's dues and agree, fiscal year of January 1 to December 31, 2025. (Should you join ECAO after January 31 of any year, your Partnership fee will be pro-rated accordingly.) You may also pay by credit card.

We agree, when accepted into the affiliate partnership, 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.

Signature of Principle Representative

Date