



ARCHITECTURAL WOODWORK  
MANUFACTURERS ASSOCIATION  
OF CANADA

## MANUFACTURER MEMBER APPLICATION

Southern Alberta Chapter: Unit 2A, 4803 Centre Street NW · Calgary, AB T2E 2Z6 tel: 403.264.5979 fax: 403.286.9400  
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### APPLICANT INFORMATION

Company Name:		Contact:
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	Email:
Website:		

### SPONSORS

Company:	Company:
Contact:	Contact:
Phone:	Phone:

### COMPANY INFORMATION

Type of Business Registration:	Business License Number:
Date Established:	Square Footage of Facility:
President/Owner:	Number of Employees:
Manager/Title:	Number of Journeyman:      Apprentices:

### REFERENCES

Bank / Branch:	2. Supplier/Subtrade:
Address:	Address:
Contact:                      Phone:	Contact:                      Phone:
1. Supplier/Subtrade:	3. Supplier/Subtrade:
Address:	Address:
Contact:                      Phone:	Contact:                      Phone:

### PROJECTS

1. Project:	4. Project:
Contractor:	Contractor:
Contact:                      Phone:	Contact:                      Phone:
2. Project:	5. Project:
Contractor:	Contractor:
Contact:                      Phone:	Contact:                      Phone:
3. Project:	The applicant is required to provide five completed project references. Please provide initial information on this application. Additional details may be requested by the Membership Committee.
Contractor:	
Contact:                      Phone:	

### APPLICANT

### FOR COMMITTEE USE

The prospective member agrees that when accepted to abide to the current by-laws of the Association and also agrees to fulfill the responsibilities as stated.	Cheque for \$500.00 Application Fee plus GST <input type="checkbox"/> Yes <input type="checkbox"/> No Cheque for \$1650.00 Membership Fee plus GST <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	Committee Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date:
Title:                              Date:	Membership Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date: