#### SASKATCHEWAN CHAPTER

## APPLICATION FOR AWMAC SASKATCHEWAN MANUFACTURER MEMBERSHIP

An AWMAC Manufacturer Member is an entity that operates a manufacturing facility located within the AWMAC Chapter's regional boundaries, producing architectural woodwork as defined by the current AWMAC Standards. Such members shall have full voting rights and shall be entitled to the privileges and responsibilities of the Association, including the right be nominated for a Director position on the AWMAC Chapter's Board of Directors and/or the AWMAC National's Board of Directors.

| MEMBER INFORMATION  |                            |              |  |  |  |
|---|----------------------------|--------------|--|--|--|
| Incorporated Company Name   | Operating name(s)          |              |  |  |  |
| Company Email   | Company Phone Number       |              |  |  |  |
| Company Address   | City                       | Postal Code  |  |  |  |
| Company Representative  | Representative F           | Phone Number |  |  |  |
| Representative Email  |                            |              |  |  |  |
| Name of Principal(s) with a minimum five (5) years in the architectural woodwork industry |                            |              |  |  |  |
| MEMBERSHIP HISTORY  |                            |              |  |  |  |
| ☐ Company currently holds membership in the following AW                                  | /MAC Chapter(s)            |              |  |  |  |
| ☐ Company has previously held membership in the following AWMAC Chapter(s)                |                            |              |  |  |  |
| ☐ Company was previously denied membership in the following AWMAC Chapter(s)              |                            |              |  |  |  |
| PRODUCTION INFORMATION  |                            |              |  |  |  |
| Number of Employees   | Square Footage of Facility |              |  |  |  |
| Number of Journeyman  | Number of Apprentices      |              |  |  |  |
| Typical industry served   | If Other, please specify   |              |  |  |  |
| COMPANY PROFILE   |                            |              |  |  |  |
| Annual sales of previous calendar year  |                            |              |  |  |  |
| Approximate percentage of work performed in province of Chapter application               |                            |              |  |  |  |
| List all provinces where work has been performed in the last                              | two (2) years              |              |  |  |  |
| List of all provinces where work may be performed   |                            |              |  |  |  |



# **COMPLETED PROJECTS**

| Please list three | (3) | projects | completed | within | the | last | year an | d va | lued | over | \$20,000 |
|-------------------|-----|----------|-----------|--------|-----|------|---------|------|------|------|----------|
|-------------------|-----|----------|-----------|--------|-----|------|---------|------|------|------|----------|

| Project Name  |                      |   |  |  |  |  |
|---|----------------------|---|--|--|--|--|
| General Contractor  |                      |   |  |  |  |  |
| GC Contact  |                      |   |  |  |  |  |
| GC Contact Phone  |                      |   |  |  |  |  |
| GC Contact Email  |                      |   |  |  |  |  |
|   |                      |   |  |  |  |  |
| Project Name  |                      |   |  |  |  |  |
| General Contractor  |                      |   |  |  |  |  |
| GC Contact  |                      |   |  |  |  |  |
| GC Contact Phone  |                      |   |  |  |  |  |
| GC Contact Email  |                      |   |  |  |  |  |
|   |                      |   |  |  |  |  |
| Project Name  |                      |   |  |  |  |  |
| General Contractor  |                      |   |  |  |  |  |
| GC Contact  |                      |   |  |  |  |  |
| GC Contact Phone  |                      |   |  |  |  |  |
| GC Contact Email  |                      |   |  |  |  |  |
|   |                      |   |  |  |  |  |
| OWNER INFORMATION   |                      |   |  |  |  |  |
| For Corporations, please their percentage of owner  |                      | following documents to show th                    | ne name of the principal(s) of the company and |  |  |  |
| ☐ Certificate of Incor ☐ Articles of Incorpo  |                      | ☐ Certificate of Amendment☐ Articles of Amendment | ☐ NEQ (Quebec Only)                            |  |  |  |
| For Sole Proprietorships  | or Partnerships, ple | ease provide the following inform                 | nation:  |  |  |  |
| Name of Owner   |                      | Perc  | centage of Ownership                           |  |  |  |
| Name of Owner   |                      | Perc  | Percentage of Ownership                        |  |  |  |
| Business License  |                      |   |  |  |  |  |
|   |                      |   |  |  |  |  |
| ADDITIONAL INFORMATION  | ON TO INCLUDE W      | ITH APPLICATION                                   |  |  |  |  |
| ☐ Credit reference from   | Financial Institutio | n   |  |  |  |  |
| ☐ Two (2) references from current AWMAC manufacturer or supplier members in good standing |                      |   |  |  |  |  |
| ☐ \$500 Membership De   | posit                |   |  |  |  |  |



| COMPANY ABILITES AND INSPECTIONS  |   |   |  |  |  |  |
|---|---|---|--|--|--|--|
| The applicant must:  A) Have the ability to provide shop drawings compliant with Section 1 (Submittals) of the current AWMAC's standards.  B) Permit the AWMAC Inspector to perform an inspection of the facility.  C) Provide any other mock-ups, inspections, etc. as outlined in each Chapter's Policy + Procedure for Membership Application.  D) Have the ability to manufacture work from Section 10 (Casework) and three (3) additional sections of the current AWMAC's standards using their own internal resources (please confirm additional sections below):  Section 1 – Submittals  Section 5 – Finishing  Section 8 – Wall/Ceiling Surfacing +  Section 10 – Casework  Section 11 – Countertops  Section 12 – Historic Restoration Work |   |   |  |  |  |  |
| PRINCIPAL CONFIRMATIONS   |   |   |  |  |  |  |
| Association.  The company shall have one or more of Standards Exam (MSE) before being accedertification as required by the Association  | articipating in the Association's events, ini | y completed the current Member<br>maintain and upgrade that MSE |  |  |  |  |
| ANNUAL REQUIREMENTS   |   |   |  |  |  |  |
| The applicant agrees each year to:  |   |   |  |  |  |  |
| ☐ Pay annual dues as required by the Chapter  |   |   |  |  |  |  |
| $\square$ Issue payment of all AWMAC invoices within sixty (60) days of the date of invoice   |   |   |  |  |  |  |
| ☐ Confirm the representative on record  |   |   |  |  |  |  |
| $\square$ Confirm that one or more owners or managers currently employed has successfully completed the current MSE   |   |   |  |  |  |  |
| $\Box$ Confirm the name of the principal at the company with a minimum of five (5) years of experience in the architectural woodworking industry  |   |   |  |  |  |  |
| $\Box$ Provide any amendments to the company ownership including corporate documents submitted at the time of application and any revisions since the last submission   |   |   |  |  |  |  |
| ☐ Notify the Chapter office of any amendments to the company contact information  |   |   |  |  |  |  |

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### **STATEMENTS**

AWMAC maintains the right to re-designate any member's category of membership if their circumstances change and/or they do not continue to meet the requirements within the membership application, association bylaws and/or policies.

Members cannot become a member in more than one membership category at the same time.

All information provided within the application will be kept confidential. AWMAC will not disclose personal information to a third party without consent, unless required or authorized to do so by law or other regulation.

| APPLICANT INFORMATION    |      |  |
|--------------------------|------|--|
|                          |      |  |
| Application Completed By |      |  |
| Signature                | Date |  |