

ASSOCIATE MEMBERSHIP APPLICATION FORM

		Company Name		
		Street Address		
	City	Province	Postal Code	
	Telephone Number		Fax Number	
	Contact Person (Please	Print) Email <i>i</i>	Address Website	e
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ilding/v rship ir ree to	g been actively engaged water & sewer and/or hen the Association. accept membership subj	in the supply of equipmo avy construction indust	ent and/or supplies and sory, do hereby apply for As ed in the Constitution and	service ssociat

To:

NBRBHCA

Yearly dues for an Associate Member in the association are \$600, plus HST. Dues in the Association, in addition to funding our office salaries and overhead, support our efforts on behalf of the heavy construction industry, in obtaining Government funding to build road, bridges, water & sewer systems, etc. Membership in NBRBHCA makes you an affiliate member of the Canadian Construction Association. CCA, through the "TRIP/Canada" Program is working on behalf of all Canadians in ensuring that all levels of Government are aware of our decaying infrastructure, and the need to provide funding for the needed repairs. In addition to the above, our Committees have an attentive ear from Government, and through liaison with Government personnel, put the views of our industry forward.

All members are invited to participate in the committees listed below. If you are interested in serving on one or more of the committees listed below, please number your preferences in order:

	CONSTRUCTION SAFETY	
	CONSTRUCTION TRAINING	
	ENVIRONMENTAL	
	EQUIPMENT RENTAL RATES	
	GRADING	
	MUNICIPAL INFRASTRUCTURE	
	PAVING	
	STRUCTURES	
ץ ר	am prepared to serve as a committee member, if My/Our cheque in the amount of \$ 690.00 (HST Inclents in the amount of \$ 690.00	uded) for the current year's dues payment is enclosed.
-	Member Sponsoring Application	Date - Committee Approved/Rejected
	Annual Dues and Assessments for the year shall be must be ratified by the Association at the next Ann	formulated by the Board of Directors and any changes ual General Meeting.
t	•	payable by any member within thirty days of notice by ore than 90 days in arrears shall cease to be a member
Visa/MC/A	AMEX #	Expiration Date and Code
Card Holde	er Name	Email
	For more information, please contact Kris	Yarych at 506-454-5079 or kris@rbanb.com