

COMPANY INFORMATION

Full Company Name:		
Company Address:		
Website:	Phone:	Fax:
Ownership (Country):	Unionized (What union)::	# of Employees:
Sector:	Year End:	Application Date:
Business Description:		
Do you have any related manufacturing corporate facilities that are EMC members?		
Are you currently participating in a Safety Group or Safe Communities?		
How did you hear about EMC?		

APPLICANT INFORMATION

Full Name:		Title:
Phone:	E-mail:	Fax:

MEMBERSHIP OPTIONS & FEES

Membership is based on a 'per location' basis with all employees in each facility included in the annual membership.

There are several membership options for organizations with one or more Canadian facilities. Please indicate your membership preference below, providing one complete application for each 'Corporate family' location applying.

- All memberships are on an annual basis.
- Membership dues listed are plus HST.

Membership Options	Membership Only	Health & Safety
Individual Facility/Plant (1 location, each)	<input type="checkbox"/> \$1,200/year	<input type="checkbox"/> \$995/WSIB account #
Corporate family (2 to 3 locations, each)	<input type="checkbox"/> \$1,020/year	<input type="checkbox"/> \$995/WSIB account #
Corporate family (4+ locations, each) Call EMC for custom membership package.		
If applying for corporate family discount, please list your related locations here:		
Non-Consortium Regions (1 location, each)	<input type="checkbox"/> \$950/year	

BILLING INFORMATION SAME AS ABOVE

Billing Contact:		Title:
Phone:	E-mail:	Fax:
Billing Address:		

AUTHORIZATIONS:

Payment Method:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AMEX	<input type="checkbox"/> P.O Invoice
Signature:		Card Number:		
Name on Card:		Expiration:		
Date:		Amount to Invoice:		

By signing and submitting this membership application, the applicant understands their organization will be billed membership fees as detailed above, renewable at the applicant's discretion, on an annual basis. EMC Membership will become active upon receipt of payment.

KEY CONTACTS:

Please provide us with your company champion(s) in all areas of your organization

Full Name:

Position:

Phone:

Email:

Please indicate which of the following EMC electronic publications you wish to receive: EMC Bi- Weekly Update SIG Information

- Responsibilities:**
- Senior/Plant Management
 - Human Resources
 - Energy Management
 - Quality/Production & CI
 - Health & Safety
 - IT Training
 - Purchasing
 - Engineering/Maintenance

- Member Needs Help
- Food, Bio and Beverage Sector

Full Name:

Position:

Phone:

Email:

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