

Ontario Building Envelope Council

MEMBERSHIP APPLICATION FORM

Membership Year - June 1st - May 31st



SELECT MEMBERSHIP TYPE	ANNUAL FEE	FEE OWING
<input type="checkbox"/> Individual	<input type="checkbox"/> \$165.00	\$
<input type="checkbox"/> Professional (BSSO Holder)	<input type="checkbox"/> \$240.00	\$
<input type="checkbox"/> Student	<input type="checkbox"/> \$25.00/school year	\$

Contact Information (if Individual or Student): Mr. Ms. Mrs. Dr. Prof. Other _____

Name: _____ Title: _____

Company (School if student): _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ Fax: () _____ Email: _____

SELECT MEMBERSHIP TYPE	ANNUAL FEE	FEE OWING
<input type="checkbox"/> Corporate	<input type="checkbox"/> \$660.00	\$

Contact Information (if Corporate):

Company: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

1. Mr. Ms. Mrs. Dr. Prof. Other _____

Name: _____ Title: _____

Telephone: () _____ Fax: () _____ Email: _____

2. Mr. Ms. Mrs. Dr. Prof. Other _____

Name: _____ Title: _____

Telephone: () _____ Fax: () _____ Email: _____

3. Mr. Ms. Mrs. Dr. Prof. Other _____

Name: _____ Title: _____

Telephone: () _____ Fax: () _____ Email: _____

4. Mr. Ms. Mrs. Dr. Prof. Other _____

Name: _____ Title: _____

Telephone: () _____ Fax: () _____ Email: _____

5. Mr. Ms. Mrs. Dr. Prof. Other _____

Name: _____ Title: _____

Telephone: () _____ Fax: () _____ Email: _____

VOCATION:

Architecture Contracting Consulting Education Engineering Government Manufacturer Supplier Other _____

MEMBERSHIP TOTAL FEES	Subtotal	\$
	HST # 124383076 Add 13% HST	\$
	TOTAL	\$

Payment: Cheque or money order enclosed payable to: Ontario Building Envelope Council

Please charge my credit card

Card Number: _____ Expiry Date: _____ / _____

Print Name on Credit Card: _____

Signature: _____

Please mail your membership application form with cheque to: **Ontario Building Envelope Council**
2175 Sheppard Avenue East, Suite 310, Toronto, Ontario M2J 1W8
 Payment by credit card may be faxed to: **(416) 491-1670**

QUESTIONS? Please contact OBEC Operations Manager, Sherry Denesha at: **Tel: (647) 317-5754 Fax: (416) 491-1670 Email: sherryd@taylorenterprises.com**