

MEMBERSHIP APPLICATION

MEMBERSHIP YEAR:
JUNE 1ST - MAY 31ST



Ontario
Building Envelope
Council

2800-14th Ave., Suite 210
Markham, ON L3R 0E4
Tel: 647-317-5754
Fax: 416-491-1670
Email: info@obec.on.ca

obec.on.ca

Since 1987 the Ontario Building Envelope Council (OBEC) has been bridging the gaps amongst the architectural, engineering, research, manufacturers, and construction communities. Their non-profit organization addresses today's challenges facing building performance and sustainability.

One of OBEC's keys to success is their dedication to building science education at all levels.

Guided by the Board of Directors, OBEC is focused on delivering:

- Information forums for the exchange of ideas and information on building science
- Access to current technical information and best practices
- Educational programs for the benefit of the building community
- Guidance on current trends and issues to the research and development community
- Recommendations regarding improvements to codes and standards

Educational opportunities exist through conferences, technical forums, field trips, and monthly dinner presentations. This information is made available to members of OBEC. Members can be individuals, corporations, students, or members marked as Professional for holding a BSS designation.

Corporate Membership - A Corporate Member may be named as such if the member is a corporation, an individual to act as its representative at any meeting of members of the Corporation must be named as the Corporation's main representative.

A Corporate Member is entitled to five (5) named persons to be listed in the membership database to receive all society notifications as well a copy of "Pushing The Envelope Canada" magazine. All company employees are eligible to receive the member rate for events.

Individual Membership - An Individual Member may be designated as such if the member is an individual person.

Student Membership - A student is an individual attending a recognized building science program at a college or university program full time.

**Join OBEC and join hundreds of other like-minded people in your industry.
Submit your membership application today and open the door to so much more.**

Complete this application ONLY if you are paying via Cheque ♦ Payment by Credit Card online at: https://obec.on.ca/member_applications

Select a Membership Type:

- Individual Membership - \$195.00 + 25.35 HST = \$220.35
- Student Membership - \$30.00 + 3.90 HST = \$33.90
- Corporate Membership - \$699.00 + 90.87 HST = \$789.87

Select a Vocation: (select all that apply)

- Architecture Contracting Consulting
- Education Engineering Supplier
- Government Manufacturing

Other: _____

This section must be completed in order for the membership application to be processed. OBEC communicates with its membership via e-mail; in accordance with the Canada anti-spam law that came into effect July 1, 2014 you must indicate whether you wish to receive electronic correspondence from us.

INDIVIDUAL AND STUDENT MEMBERSHIP DETAILS:

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

Name: _____ Title: _____

Company or School if Student: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

I agree to receive electronic correspondence I DO NOT wish to receive any electronic correspondence. Signature: _____ Date: _____

CORPORATE MEMBERSHIP DETAILS:

Company: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

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

Name: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

I agree to receive electronic correspondence Signature _____

I DO NOT wish to receive electronic correspondence Date _____

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

Name: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

I agree to receive electronic correspondence Signature _____

I DO NOT wish to receive electronic correspondence Date _____

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

Name: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

I agree to receive electronic correspondence Signature _____

I DO NOT wish to receive electronic correspondence Date _____

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

Name: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

I agree to receive electronic correspondence Signature _____

I DO NOT wish to receive electronic correspondence Date _____

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

Name: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

I agree to receive electronic correspondence Signature _____

I DO NOT wish to receive electronic correspondence Date _____

Payment Information: Cheque payable to **OBEC** and mailed to:
2800-14th Ave., Suite 210
Markham, ON L3R 0E4

OR

Payment by Credit Card online only at:
https://obec.on.ca/member_applications