



MEMBERSHIP APPLICATION FORM

CORPORATE PROFILE		Date
Company name	_____	
Address	_____	
Website	_____	Phone _____
Toll Free	_____	Fax _____
Founded in	_____	
Number of employees	_____	
Main contact	_____	
	First name	Last name
Email	_____	Phone _____
Other contact	_____	
	First name	Last name
Email	_____	Phone _____

SECTOR OF ACTIVITY																																		
Plumbing <input type="checkbox"/>	Hydronic <input type="checkbox"/> HVAC/R <input type="checkbox"/> Pump <input type="checkbox"/> Hardware <input type="checkbox"/>																																	
Industrial Safety <input type="checkbox"/>	PVF/Fire Protection <input type="checkbox"/> Waterworks <input type="checkbox"/>																																	
Member of a buying group	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify _____																																	
Number of distribution centers _____	Number of branches _____ Warehouse size (ft ²) _____																																	
Locations	<table border="1"> <thead> <tr> <th></th> <th>BC</th> <th>AB</th> <th>SK</th> <th>MB</th> <th>ON</th> <th>QC</th> <th>NB</th> <th>PEI</th> <th>NS</th> <th>NL</th> </tr> </thead> <tbody> <tr> <td>Distribution centers</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Branches</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		BC	AB	SK	MB	ON	QC	NB	PEI	NS	NL	Distribution centers											Branches										
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PURCHASING PROFILE	
Sales	5 M\$ <input type="checkbox"/> 15 M\$ <input type="checkbox"/> 50 M\$ <input type="checkbox"/> 100 M\$+ <input type="checkbox"/>
Top 3 suppliers (open account)	_____

