



Canadian Wood Pallet and Container Association
Association canadienne des manufacturiers de palettes et contenants

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APPLICATION FOR MEMBERSHIP

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME TELEPHONE NUMBER (WITH AREA CODE) FAX NUMBER

E-MAIL ADDRESS WEBSITE

MEMBERSHIP TYPE:
MANUFACTURER \$615. ASSOCIATE/SUPPLIER \$545. AFFILIATE \$375.
(COMPLETE SECTION A & C) (COMPLETE SECTION B & C) (COMPLETE SECTION A, B & C)

SECTION A

IS YOUR COMPANY REGISTERED WITH YOUR PROVINCIAL WORKERS' COMPENSATION BOARD? IF YES, I.D.# _____ NO

IS YOUR COMPANY REGISTERED TO SUBMIT & RECLAIM GST/HST? IF YES, # _____ NO

IS YOUR FIRM A: PROPRIETORSHIP PARTNERSHIP INCORPORATED

WHAT YEAR DID YOU START IN BUSINESS? _____

ARE YOU THE ORIGINAL OWNER? YES IF NOT, THE DATE THE BUSINESS WAS PURCHASED _____

NAME AND ADDRESS OF THREE SUPPLIERS.

- 1. _____
- 2. _____
- 3. _____

HT PROGRAM (CERTIFICATION) CA# _____

DO YOU OPERATE A SAWMILL FACILITY? YES NO ARE YOU A PALLET BROKER YES NO

DO YOU MANUFACTURE THE PRODUCT YOU SELL? YES NO DO YOU USE PNEUMATIC NAILING EQUIPMENT? YES NO

AVERAGE NUMBER OF EMPLOYEES? 0-10 11-20 21-30 31-40 41+

SIZE OF YOUR MANUFACTURING FACILITY IN SQUARE FEET? _____

SECTION B

DESCRIBE YOUR BUSINESS, INDICATING THE PRODUCTS YOU SUPPLY TO THIS INDUSTRY:

NUMBER OF YEARS IN BUSINESS: _____

(CONTINUED ON THE REVERSE)

SECTION C

WERE YOU RECOMMENDED TO THE ASSOCIATION BY A MEMBER? IF YES, BY WHOM: _____

WE HEREBY SUBMIT OUR APPLICATION FOR MEMBERSHIP IN THE CWPCA/ACMPC AND IF ACCEPTED AGREE TO ABIDE BY THE EXISTING BYLAWS AND REGULATIONS.

SIGNED _____ **TITLE** _____

PRINT NAME _____ **DATE** _____

The following information will be used to determine how you will be located in the "Online Searchable Member Directory". Please be as specific as possible. (✓)

Can you provide ISPM-15 certified wood packaging for export?
Yes No

Do you recycle/sell used wood packaging?
Yes No

What products do you sell/manufacture?
Select all that apply.
Boxes/Bins/Crates
Cable Reels
Pallets
Dunnage
Export Packaging
Re-usable Packaging

Do you offer any of these products and services?
Please select all that apply.
Disposal/Removal of WPM
Grinding/Reduction
Pallet Leasing/Rental
Heat Treating
Wood Mulching/Colouring
Pneumatic Nailing Equipment & Supplies
Woodworking Equipment
Pallet Assembly Equipment
Other Equipment/supplies
Consulting
Insurance/Professional Services
Wholesale Lumber
Sawmill Operator

What geographical areas can you serve?
Select all that apply.
Provincial
Regional
National
Other (please specify) _____

What style of pallets can you produce?
Select all that apply.
Stringer pallet
Block pallet
Specialty/custom

Indicate the type of materials you can use to produce WPM.
Select all that apply.
Softwood
Hardwood
Composite
Paper/corrugated

What order quantity can you (want to) accept? Select all that apply.
1-10
10-100
100-1,000
1,000-10,000
10,000+

Credit Card Number _____

Expiry _____

Signature _____