



Canadian Wood Pallet and Container Association
Association canadienne des manufacturiers de palettes et contenants
 PO Box 280
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 E-Mail: info@canadianpallets.com Website: www.canadianpallets.com

APPLICATION FOR MEMBERSHIP

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME	TELEPHONE NUMBER (WITH AREA CODE)	FAX NUMBER
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E-MAIL ADDRESS	WEBSITE
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MEMBERSHIP TYPE:

MANUFACTURER <input type="checkbox"/> \$615. <small>(COMPLETE SECTION A & C)</small>	ASSOCIATE/SUPPLIER <input type="checkbox"/> \$545. <small>(COMPLETE SECTION B & C)</small>	AFFILIATE <input type="checkbox"/> \$375. <small>(COMPLETE SECTION A, B & C)</small>
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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

What geographical areas can you serve?
Select all that apply.

- Provincial
- Regional
- National
- Other (please specify) _____

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

What style of pallets can you produce?
Select all that apply.

- Stringer pallet
- Block pallet
- Specialty/custom

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

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 _____