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APPLICATION FOR SUPPLIER MEMBERSHIP

Date of Application:	_			
Qualification for Supplier Membership				
			r, cooperative purchasing organization (buying group) stail lumber, building material, hardware trade, home	
	-	_	and periodicals as distributed from the LBMAO office eeting to be held after receipt of the application.	
Annual Supplier Membership Fees:				
Annual Supplier Membership Fee: Additional Fee per Branch (if Applicable): Membership Fee includes:	\$550.00 + APPLICABLE TAX \$225.00 + APPLICABLE TAX			
 Free listing in LBMAO Directory Ap Free product listings Preferred rates on LBMAO service 			LBMAO Reporter Magazine All LBMAO mailings Up to 5 contacts for mailings (Including Primar- Contact)	
Supplier Information:				
Company Name:				
Street Address:	Mailing Addr	ess	s:PO Box:	
City/Town:	Prov.:		Postal Code:	
Phone No.:	Toll Free No.:			
Primary Contact Name:			Title:	
E-Mail:	Website:			
Additional Contacts:				
1. Name:	Title:			
E-Mail:	Phone (if diff	Phone (if different from above):		
2. Name:	Title:			
E-Mail:	Phone (if diff	Phone (if different from above):		

3. Name: ______ Title: _____

E-Mail: _______

4. Name: ______

Phone (if different from above):

Phone (if different from above): _____

(check appropriate box) Distributor/Wholesaler Agent **Buying Group** Manufacturer Service Provider Trade Association Other (If applicant is both a supplier and retailer, supplier membership fee is applicable) Primary Product or Service: _____ **Branch Information (if applicable)** 1. Address: ______City: ______Prov.: _____Postal: _____ Contact: ______ Ph.: _____ E-mail: _____ 2. Address: _____City: _____Prov.: _____Postal: _____ Contact: _____ Ph.: ____ E-mail: **Agreement** I/We hereby apply for supplier membership in the Lumber and Building Materials Association of Ontario and agree to be invoiced annually for and promptly pay the annual membership fee. It is understood that supplier members are voting members who can sit on the Board of Directors by invitation. As well, supplier members may also serve as a member or chair of an Association Committee. It is agreed upon that I/We will abide by the Constitution and By-laws of the Association. I/We also agree to have our business and contact information published in the LBMAO Directory App. Name: (please print)_______ Title: ______ Signature: ______ Date: _____ ■ VISA MasterCard **Payment Information:** Card #: ______ Expiry: _____ Card Holder Name: ______ Signature: _____ Card Holder e-mail for credit card receipt: ______

Industry Category: