



# MEMBERSHIP APPLICATION

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cel: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Years in Business: \_\_\_\_\_ WCB#: \_\_\_\_\_

Referring Company (If any): \_\_\_\_\_ Business License #: \_\_\_\_\_

**Type of Business:** (One only)

- General Contractor       Developer       Project Manager       Supplier
- Trade Contractor (Specify) \_\_\_\_\_  Other (Specify) \_\_\_\_\_

**Indicate two ICBA member companies willing to sponsor your application. If unable, supply client / supplier references. (If you need assistance in this, please call the ICBA office.)**

Name of Member Company	Name of Officer of Member Company
Name of Member Company	Name of Officer of Member Company

**List the names of two senior managers who will represent your firm.**

Signature	Name (Please print)	Title

I authorize the ICBA to obtain credit reports and other information as may be deemed necessary in connection to our membership. This consent is given pursuant to Section 12 of the Credit Report Act, R.S. B.C. 1979, Chapter 78 or any other related statute.

By signing this Membership Application, you agree to abide by the attached Code of Ethics. Failure to abide by the code could affect your membership status.

ICBA USE ONLY. DATE APPROVED BY ICBA BOARD OF DIRECTORS: \_\_\_\_\_

## AREAS OF INTEREST

Indicate those areas which are of particular interest to you. (Choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Medical/Dental/Life Insurance | <input type="checkbox"/> Labour Relations Issues |
| <input type="checkbox"/> RRSP Program                  | <input type="checkbox"/> Bonding                 |
| <input type="checkbox"/> Apprenticeship                | <input type="checkbox"/> Liability Insurance     |
| <input type="checkbox"/> Other (Please specify) _____  |  |

## FEE SCHEDULE

Fees are calculated based on annual volume and are pro-rated to December 31st. Please see the below chart to determine your pro-rated fee for the current year.

Start Month	Annual Volume					Affiliate (Suppliers, Professionals)	Affiliate (Other Associations)
	Less than \$500k	\$500k - \$1 Million	\$1 Million - \$2.5 Million	\$2.5 Million - \$5 Million	Greater than \$5M		
January (Base Rate)	\$400.00	\$560.75	\$724.30	\$1,060.00	\$1,425.00	\$500.00	\$400.00
February	\$366.63	\$514.03	\$663.96	\$ 971.63	\$1,306.25	\$458.37	\$366.63
March	\$333.30	\$467.30	\$603.60	\$ 883.30	\$1,187.50	\$416.70	\$333.30
April	\$299.97	\$420.57	\$543.24	\$ 794.97	\$1,068.75	\$375.03	\$299.97
May	\$266.64	\$373.84	\$482.88	\$ 706.64	\$ 950.00	\$333.36	\$266.64
June	\$233.31	\$327.11	\$422.52	\$ 618.31	\$ 831.25	\$291.69	\$233.31
July	\$199.98	\$280.38	\$362.16	\$ 529.98	\$ 712.50	\$250.02	\$199.98
August	\$166.65	\$233.65	\$301.80	\$ 441.65	\$ 593.75	\$208.35	\$166.65
September	\$133.32	\$186.92	\$241.44	\$ 353.32	\$ 475.00	\$166.68	\$133.32
October	\$ 99.99	\$140.19	\$181.08	\$ 264.99	\$ 356.25	\$125.01	\$ 99.99
November	\$ 66.66	\$ 93.46	\$120.72	\$ 176.66	\$ 237.50	\$ 83.34	\$ 66.66
December	\$ 33.33	\$ 46.73	\$ 60.36	\$ 88.33	\$ 118.75	\$ 41.67	\$ 33.33
<b>Pro-rated Fee Sub-total</b>							\$
<b>Add HST (12%)</b>							\$
<b>Total Annualized Fee</b> <i>(Remit with Completed Application)</i>							\$

## ANNUAL FEE PAYMENT

Cheque  Credit Card

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry: \_\_\_\_\_  
*(Visa or MasterCard only)*

Card Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

Please make cheque payable to ICBA and mail with the completed application.  
HST is a refundable tax credit. (ICBA HST# R107505299)

NOTE: Membership Application must be received with payment before it can be processed.



Independent Contractors and Businesses Association of British Columbia  
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