



## ALLIED

# MEMBERSHIP APPLICATION

### QUALIFICATIONS:

1. Shall be a Government Agency, Association, Academic Institution or Consultants (with two full time employees or less) supplying goods and/or services to members of the association, not for resale.
2. Such companies shall have full privileges of membership including voting power, election to office and appointments to serve on committees.

**For Membership Dues, Please See Attached Dues Schedule**

Automotive Industries Association of Canada  
1272 Wellington Street West  
Ottawa, Ontario K1Y 3A7  
Tel: (800) 808-2920 Fax: (613) 728-6021  
Email: info.aia@aiacanada.com  
Website: www.aiacanada.com

GST #106739352

### FOR AIA USE ONLY

Dues Coding: 12270 \_\_\_\_\_  
14170 \_\_\_\_\_

Membership # \_\_\_\_\_

Does company have a membership plaque?

Yes \_\_\_\_\_ No \_\_\_\_\_

Did company receive confirmation letter?

Yes \_\_\_\_\_ No \_\_\_\_\_

Did company receive a welcome telephone call?

Yes \_\_\_\_\_ No \_\_\_\_\_

The following confidential information is solely for the purpose of aiding the association in evaluating an applicant's qualifications for membership. Please answer all questions and attach your business card.  
**Print or type.**

Company Name: _____	
Address: _____	
If address of head office is a P.O. Box, supply street address as well. This is required for the dangerous goods exception permit.	
City: _____	Prov.: _____
Postal Code: _____	Phone: (_____) _____
Fax: (_____) _____	WATS: (_____) _____
Email: _____	Website: _____
Your company delegate to AIA: _____	
Title: _____	
Alternate company delegate to AIA: _____	
Title: _____	
<b>Attach a list of employees you wish placed on our mailing list, as well as the names and addresses of branch locations.</b>	

Goods and/or services provided by your company: _____ _____
Name three AIA member companies who purchase your goods and/or services: _____ _____ _____

Application can be sponsored by AIA personnel or an AIA member of any classification or their employees. Sponsor's Name: _____ Sponsor's Company: _____
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Attached is our cheque for \$ _____ in payment of membership dues for one year. I understand this amount will be returned in full should our application not meet membership qualifications. Signature of Applicant: _____ Date: _____
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