



Strategic Business Partners

MEMBERSHIP APPLICATION

QUALIFICATIONS:

1. Shall be a firm or corporation supplying goods and/or services to members of the association.
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: _____
Attach a list of employees you wish placed on our mailing list, as well as the names and addresses of branch locations.

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: _____

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: _____