



Inaugural Membership Application

Member # _____

Company Name: _____

Owner: _____ Owner designate: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Office: _____ Cell: _____ Fax: _____

E-Mail: _____ Website: _____

Company DBA: _____ No. of Employees: _____

(If different from above)

WCABA Member Divisions:

- | | | |
|---|--|---|
| <input type="checkbox"/> Towing & Recovery | <input type="checkbox"/> Bailiffs | <input type="checkbox"/> Collision |
| <input type="checkbox"/> Auto Remarketing | <input type="checkbox"/> Rental | <input type="checkbox"/> Auto Glass |
| <input type="checkbox"/> Mechanical & Tire Shop | <input type="checkbox"/> Hotrod & Specialty Automotive | <input type="checkbox"/> Corporate/ Associate |
| <input type="checkbox"/> Locksmiths | <input type="checkbox"/> Power Sport | |

If you have more than one division, please indicate your MAIN division here: _____

Membership Dues:

- | | | | |
|-------------------|---|---------------------------------|---|
| Full Membership | <input type="checkbox"/> \$600.00 + tax | Cross Divisional Membership | <input type="checkbox"/> \$125.00 + tax |
| Branch Membership | <input type="checkbox"/> \$250.00 + tax | Corporate/ Associate Membership | <input type="checkbox"/> \$600.00 + tax |

(Please attach a copy of the company incorporation document)

***Taxes at the applicable provincial rate GST/HST # 807791306RT0001 - Full Membership including tax - BC \$672/ AB \$630**

Privacy: I/we hereby:

Initial Authorize the WCABA to collect and store my member business information for communicating and servicing my membership and corporate offerings (including the WCABA Group Plan) to WCABA members (i.e. incorporation document, business name, address, telephone number, cell phone number, fax number, email address, website address and main company contact name). I also authorize inclusion and publication of my company information in the WCABA membership roster and in the WCABA website list of members and in the future WCABA publishing company as deemed by the board of directors, may we also use this information for the purpose of distribution of WCABA magazines and publications to me.

Initial In the case of the WCABA Group Benefit Plan (should my firm choose to join the plan) personal information with regards to myself and/or my employees (i.e. social insurance numbers, personal information, dependent information etc.) maybe collected for use in a strictly controlled environment for the Group Benefit Plan and shared with the approved WCABA staff and/or including contracted agents purposed only for administration of the plan.

Initial I/we hereby agree to abide by the constitution and bylaws of the WCABA, and the code of ethics and/or standards of conduct set by the Association and or Division to which my firm is assigned. **I/we understand/agree that the WCABA retains the right to reject any application without explanation.** Any applicant who is not accepted will be refunded in full for all pre-paid dues which accompany this application. Becoming a consolidator will remove you from the association as per the bylaws.

Signature: _____ **Date:** _____

For office use only:

| | |
|-----------------------------|---------------------|
| Application accepted: _____ | Date: _____ |
| Obtained by: _____ | Processed by: _____ |