

2018 APPLICATION FOR ASSOCIATE MEMBERSHIP

The undersigned company hereby makes application for Associate Membership in the Automotive Parts Manufacturers' Association (APMA). By submitting this application, the applicant agrees to pay all related membership dues in a timely manner. The applicant will then receive all benefits associated with APMA membership.

Company Name: _____

Address: _____

Telephone: _____ Email: _____

Fax: _____ Website: _____

Parent company name (if any): _____

Representative: _____ Email: _____
Name and Title

Alternate Representative: _____ Email: _____
Name and Title

CEO: _____ Email: _____
Name and Title

Brief description of product/services:

NOTE:



The Automotive Parts Manufacturers' Association (APMA) and the Canadian Association of Mold Makers (CAMM) have entered into a collaborative working relationship to better support the Canadian automotive supplier and manufacturing industry. Your membership with APMA also grants you access to the full benefits of membership with CAMM.

Membership Fees

Associate member dues are calculated based on the applicant's annual sales to the Canadian Automotive Industry:

	<u>Annual Dues</u>
<input type="checkbox"/> Under \$500,000	\$2,000.00 + HST (13%)
<input type="checkbox"/> Over \$500,000	\$3,500.00 + HST (13%)
<input type="checkbox"/> Not For Profit (Government)	\$1,400.00 + HST (13%)
<input type="checkbox"/> Non-Profit Education Institution	\$900.00 + HST (13%)

*****Application must be accompanied by cheque or credit card payment prior to acceptance *****

Please bill my (circle one) : Visa Mastercard Amex

in the amount of: \$ _____

Card No.: _____ Exp: _____ / _____

Cardholder's Name: _____ Signature: _____

Date: _____

Form Completed By: _____

Name & Title

Please note: Applicant agrees membership in APMA is automatically continued on an annual basis unless otherwise indicated in writing and all outstanding accounts must be settled in a timely manner.