

APPLICATION FOR MEMBERSHIP

COMPANY NAME _____

ADDRESS _____

PHONE _____ **FAX** _____

CONTACT _____ **email** _____

TIRE DEALERS ASSOCIATIONS THAT YOU WISH TO SUPPORT:

ASSOCIATION

___ ATLANTIC

___ QUEBEC

___ ONTARIO

___ WESTERN

___ NATIONAL

NATIONAL MEMBERSHIP:

- BASED ON YOU SUPPORT OF ALL OF THE ABOVE ASSOCIATIONS
- MEMBERSHIP FEE \$ 500.00 ANNUALLY

REGIONAL MEMBERSHIP:

- BASED ON YOUR SUPPORT OF ONLY ONE REGION AS FOLLOWS:
EASTERN (ATLANTIC AND/OR QUEBEC), ONTARIO, WESTERN.
- MEMBERSHIP FEE \$ 250.00 ANNUALLY

THIS APPLICATION MAY BE FORWARDED TO PETER PARIK AT FAX 519-824-1030

100 Sleeman Avenue, Guelph ON, N1H 6G4 TEL 519-824-1030