

MEMBERSHIP APPLICATION FOR REGISTRY OF PROFESSIONAL CONTRACTORS OF ONTARIO

4 Simmons Crescent | Aurora | Ontario | L4G 6B4 | Tele - (416) 938-9587 | Fax - 905-726-2420

APPLICANT INFORMATION

Name:		
Phone:	Cell:	Fax:
Current address:		
City:	Province:	Postal Code:

COMPANY INFORMATION

Company name:		
Company address:		Company age:
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:		
Area of expertise:		
Website Address:		

REFERENCES

Name	Address	Phone

CONTRACTORS YOU WOULD RECOMMEND WE SPEAK WITH

Name	Address	Phone

PROVIDE UP TO 25 WORDS (MAX) ABOUT YOUR COMPANY FOR THE WEBSITE

SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant:	Date:
Signature of Witness:	Date: