



70 Leek Cres, Richmond Hill ON L4B 1H1  
Telephone 416-499-4000, Fax 416-499-8752  
[www.eifscouncil.org](http://www.eifscouncil.org)



## APPLICATION FOR MEMBERSHIP

The undersigned hereby applies for membership in the **EIFS Council of Canada** and agrees, upon approval, to abide by the By-Laws of the Association and any amendments that may be made thereto.

### COMPANY PROFILE

Legal Corporate Name \_\_\_\_\_

Trading Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Website \_\_\_\_\_

List the Principals (or Officers) Names (with titles) of the Company.

\_\_\_\_\_  
\_\_\_\_\_

Number of employees:    1-9    \_\_\_\_\_    10-25    \_\_\_\_\_    26-49    \_\_\_\_\_  
   50-100    \_\_\_\_\_    100 +    \_\_\_\_\_

### APPLICANT'S AUTHORIZED REPRESENTATIVE

Primary Representative \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Alternate \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

## MARKET INFORMATION

Nature of Business \_\_\_\_\_

Year of Establishment \_\_\_\_\_

State the locations / areas that you serve \_\_\_\_\_

\_\_\_\_\_

List the products/services that you supply related to **EIFS**. If a manufacturer, state whether you provide an **EIFS** system or only components to a system \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEMBERSHIP CATEGORIES

I am applying for the following category of membership:

**EIFS Component Supplier** \_\_\_\_\_

**EIFS Contractor** \_\_\_\_\_

**EIFS Distributor** \_\_\_\_\_

**EIFS Industry Professional/Consultant** \_\_\_\_\_

**EIFS Manufacturer** \_\_\_\_\_

**EIFS Affiliate (Non-voting)** \_\_\_\_\_

## SPONSORSHIP

Each applicant will require sponsorship for membership from a current member in good standing, as well as, [a reference letter from the sponsor is to accompany the application form:](#)

Sponsor Company Name:

\_\_\_\_\_

Sponsor Contact:

\_\_\_\_\_

Sponsor E-Mail Address:

\_\_\_\_\_

**Membership Categories other than Contractors  
skip to the top of Page 4 and continue filling in  
the application under “General Information”**

## PROJECT HISTORY

Please list four projects completed during the past 12 months (must be completed):

Project Name \_\_\_\_\_  
Location \_\_\_\_\_  
Architect \_\_\_\_\_  
EIFS Manufacturer \_\_\_\_\_  
EIFS Contractor \_\_\_\_\_

Project Name \_\_\_\_\_  
Location \_\_\_\_\_  
Architect \_\_\_\_\_  
EIFS Manufacturer \_\_\_\_\_  
EIFS Contractor \_\_\_\_\_

Project Name \_\_\_\_\_  
Location \_\_\_\_\_  
Architect \_\_\_\_\_  
EIFS Manufacturer \_\_\_\_\_  
EIFS Contractor \_\_\_\_\_

Project Name \_\_\_\_\_  
Location \_\_\_\_\_  
Architect \_\_\_\_\_  
EIFS Manufacturer \_\_\_\_\_  
EIFS Contractor \_\_\_\_\_

## LABOUR INFORMATION

If applicable, please provide information regarding your trade union(s), and a contact name and telephone number.

Trade Union \_\_\_\_\_  
Local \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_

## APPLICATION GUIDELINES

1. Each applicant must have been in the EIFS industry for a period of five (5) years. This is subject to exceptions approved by the Board of Directors
2. Each applicant will serve a probationary period of 2 years.
3. Meeting attendance and/or participation is highly encouraged.
4. All applications are subject to the approval of the Membership Committee.

## GENERAL INFORMATION

Are there areas of specific interest, which have motivated you to seek membership in the ECC?

---

---

---

---

List any affiliations with other construction, business or trade associations or organizations:

---

---

---

List and briefly describe any construction awards you have received:

---

---

---

Please provide a list of all branches or other offices, (if applicable) which operate under the legal corporate name.

---

---

The undersigned hereby declares that he/she is authorized to sign on behalf of and bind the applicant to the requirements of this application and the **EIFS Council of Canada** Bylaws.

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

## Appendix A - Membership Requirements

All applications are subject to the approval of the Membership Committee and its decision shall be final and binding. Also, total and proper completion of this application form or attachments does not necessarily result in automatic acceptance to **EIFS Council of Canada** membership.

1. He/She has read and fully understands all the conditions and requirements for membership on this **EIFS Council of Canada** Application Form and the attached Bylaws of the Council and hereby agrees to uphold the highest standards possible;
2. He/She has provided all information required by this application and that such information or attachments thereto, in particular, Dues Confirmation Forms for membership categories as outlined on Page 2 of this form, is complete, true and correct in every respect;
3. He/She agrees to remit payment for annual membership dues, **plus applicable HST/GST rates applicable to your Province (R124358391)**, upon approval of this application.
4. He/She understands that membership relies on adherence to the Criteria of membership as detailed in Section 5 of the ECC By-laws. (Available on request)

**Dated – September 2013**