



#204 - 1460 Pandosy Street
 Kelowna, BC
 V1Y 1P3

Phone: 778-484-5535
 Fax: 778-484-5536
 Web: www.cwsaa.org

**APPLICATION FOR ASSOCIATE MEMBERSHIP
 SUPPLIERS**

(Please Print or Type)

Date: _____

I would like to become an Associate Member of the Canada West Ski Areas Association and to participate actively in supporting its aims and objectives.

Corporate Associate Membership: See attached list
 GST # R106841950

Company Name	
Address	
Telephone (inc. Area Code)	
Fax (inc. Area Code)	
email:	
Website:	
Key Contact	Name
	Title

Briefly state the products or services provided by your Company.

List regional offices (if any), mailing address, name of contact at that office and telephone and fax numbers, email, and Website.

Indicate which person(s) you wish to be on the CWSAA mailing list. (Note: a total of three listings are allowed)

Name _____

Signature _____

Title _____

Date _____

SCALE OF DUES

CWSAA DUES – ASSOCIATE MEMBERS

CWSAA Associate Membership dues for the year beginning April 1st are based upon your firm's total sales of products and/or services to CWSAA Members in Western Canada during the preceding 12 month period (*April 1st - March 31st*).

Categories (note that GST is currently 5%):

Tick One	Annual Sales to Western Canadian Ski Industry	Annual Dues
	\$0 - \$999,999	\$ 500 + GST
	\$1,000,000 - \$4,999,999	\$1,200 + GST
	\$5,000,000 - \$9,999,999	\$1,800 + GST
	\$10,000,000 +	\$2,400 + GST

This system is based upon trust in the integrity of all Members.



Visa and MasterCard accepted

Type of Card Visa ___ MasterCard ___ or Cheque No _____

Name on Card _____

Card Number _____

Expiry Date ____/____ Security Code _____ (3 digits)

Signature _____