



APPLICATION FOR MEMBERSHIP

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE NO: _____ FAX #: _____

TOLL FREE PHONE: _____

E-MAIL: _____ WEB SITE ADDRESS: _____

TYPE OF BUSINESS (as submitted to CRA): _____

STANDARD INDUSTRIAL CLASSIFICATION CODE# (SIC Code#): _____

NAME OF FIRM'S REPRESENTATIVE & EMAIL: _____

ADDITIONAL CONTACTS & EMAILS: _____

ANNUAL DUES (plus GST)

- Manufacturer: \$1980 + \$480 Provincial Association Dues(unless already a BCFCFA Member)**
- Contractor: \$980 + \$480 Provincial Association Dues(unless already a BCFCFA Member)**
- Supplier/Distributor: \$1980 + \$480 Provincial Association Dues(unless already a BCFCFA Member)**
- Affiliate: \$480**

The undersigned agrees to abide by the constitution and by-laws of the National Floor Covering Association.

NAME: _____ SIGNED: _____

TITLE: _____ DATE: _____

Payment by Visa/MasterCard(complete info below), or by cheque, mailed to NFCA, #2 – 19299 – 94th Ave., Surrey, B.C. V4N 4E6

CC # _____ Exp. Date: _____ Total \$ _____

Name on Card: _____ Signature: _____

National Floor Covering Association
#2 – 19299 – 94th Avenue, Surrey, B.C. V4N 4E6
Phone 604-371-0137
info@nfca.ca www.nfca.ca