



MMCD The Documents of Choice

Associate Member Application Form

Company Name: _____

Mailing Address: _____

Contact Person: _____

Telephone: _____ Fax: _____

Email: _____

Contractor **Consultant** **Supplier**

Signature: _____ Date: _____

Payment:

\$500.00 + 12% HST (#88735 4546 RT0001)

Visa MasterCard Cheque Enclosed (Payable to "MMCD Association")

Credit Card Number: _____ Expiry: _____

Name of Cardholder: _____

Signature: _____

Would you be interested in MMCD training Opportunities for your staff?

- Contract Administrator Course
- Superintendent Course
- Front End Concepts Seminar
- Referee Certification Course

If yes, how many staff would you send? _____

Would you have any nominees for the MMCD technical committees (see website): _____

Associate Members receive a 20% discount on document orders.

Master Municipal Construction Document Association

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