



Membership Application

Applicant agrees that upon receipt of membership dues invoice, he or she will remit the annual dues on or before December 31 each year, until such time as his/her resignation may be accepted or requested.

Name _____

Company _____

Address _____ City _____

Province _____ Postal Code _____

Email Address _____

Phone Number: _____ Cell: _____

Payment method: VISA CARD MASTERCARD Cheque enclosed

Credit Card Number _____

Expiry date: Month _____ Year _____ Security code (listed on back of card) _____

Membership Level * (select one)

Retail/Commercial Fabricare Membership – \$525.00 + \$68.25 (HST) = \$593.25
(Open to all organizations that provide professional cleaning services to the public and/or commercial enterprises (i.e., hotels, hospitals, restaurants, etc.). Membership provides a range of benefits and right to vote at meetings.)

Additional bilingual decals each – \$20.00 + \$2.60 (HST) = \$22.60
We require _____ decals for our depot locations = _____ decals x \$22.60 = _____
Total payment = Membership renewal + decals = _____

Allied Trade membership – \$525.00 + \$68.25 (HST) = \$593.25
(Open to all organizations that provide professional cleaning services to the public and/or commercial enterprises (i.e., hotels, hospitals, restaurants, etc.) and provide services to the cleaning industry.
(Does **not** include membership in DLI)

_____ I agree to allow CFA to communicate with me through email. (Please initial)
In consideration of the acceptance of this membership application by the Board of Directors, the applicant agrees to comply with all the requirements of the Constitution and Bylaws of CFA now in effect or hereafter adopted.

For additional security, we recommend that you mail a cheque to the address below. If you prefer, you can email the information to canadianfabricare@fabricare.org. Please include cell phone number in case of emergency.