

Membership Registration

Part 1 General Details

Registered / Legal Company Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Primary Contact Name: _____

Title: _____

Email: _____

Secondary Contact Name: _____

Number of full-time employees: _____

Number of part-time or seasonal employees: _____

Trading Status (please tick one):

- Sole Proprietor (i.e. no employees within the company)
- Franchisor
- Franchisee
- Single Limited/Incorporated Business
- Group (Multiple Limited / Incorporated Business under Holding Company)

What are your main work activities/trades?

Which Client referred you to us?

Part 2 Membership Fees

These are subscription rates for Sole Traders and Single Incorporations only, based upon number of Full Time Equivalent Employees. (Please treat any part-time employees as one half of a full time employee).

Number of Full Time Equivalent Employees (Please Tick as Applicable)	Annual Subscription Net.
<input type="checkbox"/> Sole Trader / Proprietor	\$ 280 + applicable taxes
<input type="checkbox"/> 1-5	\$ 450 + applicable taxes
<input type="checkbox"/> 6 to 30	\$ 670 + applicable taxes
<input type="checkbox"/> 31 to 100	\$ 850 + applicable taxes
<input type="checkbox"/> 101 to 500	\$ 1,100 + applicable taxes
<input type="checkbox"/> More than 500	\$ 1,650 + applicable taxes

All rates above are subject to provincial tax, as follows:

- AB, MB, QC, YK, NWT, NU: **5% GST**
- SK: **11% GST**
- BC: **12% GST**
- ON: **13% HST**
- NB, NL, NS, PEI: **15% HST**

Part 2.1 Membership Fees for Franchise Operations

Due to the various legal variations of a franchise operations regarding identity and legal responsibilities, please contact ContractorCheck directly at 1.855.640.6949 to discuss further and obtain a quotation before registering.

Part 3 Method of Payment

Please tick your chosen method of payment:

Cheque (payable to ContractorCheck Limited) is enclosed.

Credit card payment:

MasterCard Visa American Express

* **ContractorCheck GST / HST Number: 824002158** *

Card Number: _____

Expiry Date: _____

Amount (including applicable taxes): _____

Authorized Signature: _____

Name on Card: _____

Part 4 Authorizing Signature

Please accept this as our registration to join the ContractorCheck membership program, in accordance with the outlined conditions and membership fees.

Signed: _____

Date: _____

This registration must be signed by an executive officer of the company, having the necessary authority and power to bind their organization to the ContractorCheck program. By signing this registration form you are acknowledging that you have accepted the relevant terms and conditions of the ContractorCheck program (if you have not received the ContractorCheck Terms & Conditions please contact our Membership Services team for further information).

Thank you for registering with ContractorCheck! *Please return this form, with payment to:* **ContractorCheck Limited**
2235 Sheppard Avenue East, Atria II, Suite 1501
Toronto, Ontario M2J 5B5

The **ContractorCheck** program
consists of 4 easy steps:

REGISTRATION
ONLINE QUESTIONNAIRE
ASSESSMENT
ACCREDITATION

You have now completed the registration process, but there are still a few steps left before your company is Accredited.

*If you have any questions, or would like to schedule a ContractorCare appointment for help getting started, please call us toll free at **1.855.640.6949***

Registration

Online
Questionnaire

Assessment

Accreditation

