



Building &
Concrete
Restoration
Association of
Ontario

**2024-2025 MEMBERSHIP APPLICATION
FOR
MANUFACTURERS/SUPPLIERS**

We (I), the undersigned: An Individual (Proprietor)
 A Firm (Partner)
 A Corporation (Representative)

hereby make an application for membership in the **Building and Concrete Restoration Association of Ontario**.

In applying for membership, we agree, if this application is accepted, to abide by and be bound by the provisions of the letters patent, bylaws and regulations of the said association, now or hereafter in force.

1. Name of Individual, Firm or Corporation:

2. Contact Information:

Mailing Address:

Telephone # of Company: _____

Web Address: _____

3. Description of Business:



4. Principals and Officers:

Name	Position	Telephone No.
_____	President	_____
_____	Vice-President	_____
_____	Secretary	_____
_____	Treasurer	_____

5. Representatives:

Please provide name(s) of person(s) authorized to represent your organization, indicating priority of representatives where more than one such representative is authorized. By providing an email address you are granting Building & Concrete Restoration Association of Ontario permission to email that address.

Representative #1:

Representative #2:

Name: _____

Name: _____

Title: _____

Title: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Representative #3:

Representative #4:

Name: _____

Name: _____

Title: _____

Title: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____



6. Project References:

Please list five recent projects, identify if the project was a restoration project, the name of the engineer involved, the client for whom the work was performed and the year(s) during which it was done:

	Project	Restoration? (Yes or No)	Engineer	Client	Year
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

7. Project Contacts:

In the same order of the projects listed above, please provide five project contacts, contact's email address and phone number:

	Name	Email	Phone number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

8. Years in Business:

Please indicate the length of time the firm has been involved in manufacturing for or supplying to the restoration/construction industry:

Years: _____



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9. Sponsor:

Please indicate which current Association member is sponsoring your membership application.

Sponsor's Name: _____

Company: _____

Phone number: _____

10. Membership Fees:

Payment must accompany application. The fees payable, plus 13% HST, to the Association are determined by the Board of Directors from time to time. By submitting an application, your organization is acknowledging these fees are annual and agrees to pay them going forward. Acceptance of your cheque does not signify approval of your membership.

Annual Dues 2024-2025: \$1,015.00 + HST: \$131.95

11. Technical Seminar Pre-Payment

The Association has implemented a seminar pre-payment program. As part of this program members pay in advance for two tickets to two technical seminars, that are held each winter and spring. Before each of these events, you will be reminded about your pre-paid tickets, and will be encouraged to send two of your staff to attend each seminar.

TOTAL AMOUNT DUE:

2024-2025 Annual Dues:	\$1,015.00
Seminar Pre-Payment:	\$400.00
HST:	\$183.95
Total:	\$1,598.95

(HST Registration No. R124358805)

*Dues payment can be mailed to:
Building & Concrete Restoration Association of Ontario
1650 Yonge Street
Suite 302
Toronto, ON M4T 2A2*

Submitted by:

Signature: _____ Name: _____

Title: _____ Date: _____

Additional Safety Requirements for Membership

In the interest of ensuring the Association instills the importance of health and safety, B&CRAO requires the following documentation to be submitted with any new membership application or renewal.

Please provide:

1. A copy of your company's Health and Safety Policy Statement from the owner or principal safety representative.

Health and Safety Policy

A health and safety policy is a written statement of principles and goals embodying the company's commitment to workplace health and safety. Senior management must be committed to carrying out that policy consistently and completely. Health and safety must enjoy the same high priority as the organization's other major goals.

The policy statement should:

- Contain a written statement of principles and goals;
- Be signed by the chief executive officer, or authorized representative who has the authority to bind the firm;
- Be dated;
- Recognize the need to comply with the *Occupational Health and Safety Act* and construction regulations;
- Acknowledge the right of every employee to work in a safe and healthy environment;
- Spell out management's commitment to providing a safe and healthy work environment by eliminating or minimizing the hazards that can cause accidents and injuries;
- Recognize the priority of safety in relation to other organizational goals and policies; and,
- Encourage cooperation with unions and workers to involve all employees in putting the health and safety policy into practice.

As well, the policy should be:

- Clearly stated in terms that are easily understood;
- Posted in a conspicuous place and distributed and explained to all employees;
- Followed by every employee, including senior management, in all work activities; and,
- Reviewed annually to keep it up-to-date and in tune with current activities of the organization and with the latest legislation.



2. A current copy of your company's Workers Compensation Clearance Certificate.
3. Please fill in the following form and sign and date it:

<u>Safety Information</u>	
<p>As part of its membership in B&CRAO, our company _____ agrees to abide by all governing regulations and it relates the health and safety and as a minimum, the legislation governing workplaces in Ontario, known as the Occupational Health and Safety Act.</p>	
<p>Our company _____ is in good standing with the Workplace Safety and Insurance Board.</p>	
<p>The company _____ is the company that provides our staff with fall arrest training.</p>	
<p>_____ Name</p>	<p>_____ Date</p>
<p>_____ Signature</p>	