

Manufacturers' Health & Safety Association Membership Application

Company Name (in full): _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Ship to Address (if different) _____

Telephone: _____ Fax: _____ Other: _____

Contact Person: _____ Email: _____

Location 1: _____ Number of Employees: _____

WCB Account #(s): _____ WCB Industry Code(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Other: _____

Contact Person: _____

Location 2: _____ Number of Employees: _____

WCB Account #(s): _____ WCB Industry Code(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Other: _____

Company Contact Person: _____

(Please attach additional sheet if more than 2 locations)

Authorization Signature (CEO, President or Owner)

Name: _____

Position Title: _____

Signature: _____

Date: _____

For more information contact:

Edmonton

Phone: (780) 428-1006
Toll Free: 1-888-249-2001
Fax: (780) 487-4529

Rocky View

Phone: (403) 279-5555
Toll Free: 1-888-249-2002
Fax: (403) 279-1993

Membership Cost: Cost is based on 0.08 cents per every \$100.00 of WCB assessable payroll (i.e. a company with a \$1,000,000.00 assessable payroll would pay \$800.00 annual membership fees) plus GST. This is the same fee schedule that regular MHSA member companies are assessed. **Membership is for a 12-month period and is renewable on an annual basis, in accordance with the current fee schedule.**