



**APPLICATION  
DEALER/SUPPLIER MEMBERSHIP**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

\_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_

CELLULAR NUMBER: \_\_\_\_\_

BUSINESS NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

**DUES FOR ALL MEMBERS - \$350.00 per year (plus 5% GST)  
MEMBERSHIP YEAR – JULY 1 – JUNE 30**

**Please forward completed application form, along with payment of dues to:**

IEOA  
400 Burnside Road East  
Victoria, B. C. V9A 1A8  
Phone 250-382-4362 • Fax 250-384-0141 • [info@ieoa.ca](mailto:info@ieoa.ca) • [www.ieoa.ca](http://www.ieoa.ca)

**VISA AND  
MASTERCARD  
ACCEPTED**

\_\_\_\_\_  
**SIGNATURE** **DATE**  
Application for Dealer Supplier Membership.doc