



[www.ieoa.ca](http://www.ieoa.ca)

**APPLICATION  
CORPORATE MEMBERSHIP  
(Equipment Owner)**

I hereby make application for membership in the ISLAND EQUIPMENT OWNERS ASSOCIATION and, on approval of my application, do hereby agree to abide by the by-laws and code of ethics of the Association. I will maintain a high standard of workmanship and business ethics in order to be a credit to the ISLAND EQUIPMENT OWNERS ASSOCIATION and the construction industry.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ No. of years in business: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of person that mail should to be directed to: \_\_\_\_\_

WorkSafe BC Number: \_\_\_\_\_

*Note: All members MUST be covered by WorkSafe BC and your WCB number must be supplied.*

***DUES FOR ALL MEMBERS - \$350.00 PER YEAR (plus 5% GST)***

**MEMBERSHIP YEAR – JULY 1<sup>ST</sup> – JUNE 30<sup>TH</sup>**

Please list your equipment on a separate sheet and give the name of the most recent project or jobs worked on.

Please attach the names of three members with whom you are acquainted.

This application was presented to me by:

---

I hereby pledge this Company or Firm, through its representative, to support and promote the projects of the Island Equipment Owners Association for the general good and welfare of the construction industry and the membership as a whole.

X  
Signature

\_\_\_\_\_  
Date

Applicable membership dues payment must accompany this application. All applications for membership must pass one reading at the first Director's Meeting following receipt of application.

Please forward to: IEOA  
400 Burnside Road East  
Victoria, BC V9A 1A8

**VISA AND MASTERCARD ACCEPTED**

Phone: 250-382-4362 • Fax: 250-384-0141 • Email: [info@ieoa.ca](mailto:info@ieoa.ca)