



**MERIT** CONTRACTORS ASSOCIATION  
NEWFOUNDLAND & LABRADOR  
446 NEWFOUNDLAND DRIVE, SUITE 213  
ST. JOHN'S, NL  
A1A 4G7

## MEMBERSHIP APPLICATION FORM

Company name: \_\_\_\_\_

Type of business: (i.e. general contractor, trade, supplier, etc.): \_\_\_\_\_

Sector (i.e. electrical, roofing, millwork, HVAC, etc.): \_\_\_\_\_

Years in business: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

City/ Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Street address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Executive contact and title: \_\_\_\_\_

Administrative contact and title: \_\_\_\_\_

Main e-mail address: \_\_\_\_\_

Membership option (full or affiliate): \_\_\_\_\_

Is this company a member of MERIT in another province: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which province: \_\_\_\_\_

*(more on page 2)*

Do you wish to have short-term disability coverage (additional \$0.18 per hour) for all employees:  
Yes \_\_\_\_\_ No \_\_\_\_\_

Number of hourly-paid employees: \_\_\_\_\_

If applying for the Office Supervisory Benefit Plan, the number of salaried employees: \_\_\_\_\_

Do you wish to kick-start: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to kick-start, for what month: \_\_\_\_\_ Total # of hours: \_\_\_\_\_

Will you remit hours electronically: Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments:

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I/ We agree, if accepted into membership of MERIT Contractors Association of Newfoundland and Labrador, to abide by Merit's philosophy and objectives, by the General By-laws of Merit Contractors Association of Newfoundland and Labrador; to pay all membership dues, fees and levies, approved by the Board of Directors; and to maintain participation in the MERIT benefit plan programs which are mandatory for full member firms.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_