

Application for Membership

- Fabricator Member
 Associate Member

Company _____ Date _____

Address _____ Postal Code _____

City _____ Province _____

Phone _____ FAX _____

Contact Person for OWTFa functions _____ E-mail address _____

Contact Person for your company listing on the OWTFa website _____

E-mail address _____ Company Website _____

Describe the products your company manufactures/distributes _____

Describe the areas serviced _____

In Business since: _____ # of Locations _____

Items of interest in the association

- CWTA insurance program
- Quality Control Program
- Website Exposure
- Golf Tournament
- Newsletter (coming soon)
- Other _____
- _____

Please forward this information to:

OWTFa Executive Director:
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