



APPLICATION FOR MEMBERSHIP

Fabricator Member

Associate Member

Company _____ Date _____

Address _____ Postal Code _____

City _____ Province _____

Office Phone _____ Mobile Phone _____

Company Website Address _____

Contact Person _____ Email Address _____

Describe the products or services your company markets _____

Describe the areas serviced _____

In Business since: _____ Number of Locations _____

Items of interest in the Association:

- CWTA Insurance Program
- Quality Control Program
- Website Exposure
- Other

Please email application to:

Western Wood Truss Assoc of BC

Attn; Executive Officer, Eric Popma

info@wwtabc.com