



HAND Association Of Sewer, Watermain, And Road Contractors
104 - 370 York Blvd,
Hamilton, ON L8R 3L1
289-7680273

Application for Membership

HAND Association welcomes new members! Please tell us about your organization using the form below. All applications go to the HAND Association Board for approval at its monthly meeting.

Applicant Information

Full Corporate Name: _____

Business Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone: _____ **Fax:** _____

Website: _____

Full Description of Firm (Scope of work/Services):

Company Logo

Please send the company logo with your complete membership application. Accepted file types: jpg, jpeg, png, gif, Max. file size: 128 MB.

Contact information:

Primary Company Representative

Name: _____ Title: _____

Email: _____ Mobile: _____

Alternate Company Representative 1

Name: _____ Title: _____

Email: _____ Mobile: _____

Alternate Company Representative 2

Name: _____ Title: _____

Email: _____ Mobile: _____

Accounting Contact

Name: _____

Email: _____ Mobile: _____

Annual Membership (Select one)

Contractor

Constructor who arranges the supply of equipment, labour, and materials for sewer, watermain, roads, bridges, and other associated civil works and/or supplies labour and equipment to a main contractor.

Contractor \$750

Associate

Supply-only and/or related services (e.g., equipment rental, inspection, insurance, maintenance, survey, technology products).

Associate \$750

Consultant

Supply of engineering-related services.

Consultant \$750

Declaration & Consent

We hereby apply for membership with the HAND Association Of Sewer, Watermain, And Road Contractors with all rights and privileges pertaining thereto. Election to membership is based on the Company's adherence to good work practices and performance at the time of application and throughout membership.

If elected to membership, the Company and its agents agree to:

- Abide by the By-laws of the Association
- Pay annual membership dues
- Provide express consent to list the complete Company contact information on the HAND Association website
- Receive electronic communications from the Association and its members unless formally advised otherwise

Authorized Company Officer (Print Name): _____

Signature: _____ **Date:** _____

For office use only:

Date Received: _____ Approved By: _____

Start Date: _____