



OARA MEMBERSHIP APPLICATION FORM

Associate Member Application

FEE: \$750.00 + 13% HST = \$847.50

Associate Member: Any business or group engaged in providing supplies or services to the Automotive Recycling Industry, or any other sole proprietorship, partnership or corporation that otherwise would be eligible for Direct Membership, but is not located in the Province of Ontario, that will serve, advance and benefit the Auto Recycling Industry.

Company: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____ Fax: _____ Email: _____

Website: _____ Applicant Name: _____

Member or Association Sponsor: _____

Please provide a brief description of your business, products or services to be used to introduce your company to the OARA Membership:

I hereby consent to the release of the above information and specifically authorize OARA to receive the above information for purposes of evaluation of this membership application.

Applications missing information or missing payment will be delayed.

Name: _____

Signature: _____ Date: _____

Acceptance as an Associate Member does not constitute an endorsement of any products or services offered to OARA or its Direct Members.

**Make cheque payable in full to OARA. Submit with this completed form to OARA:
1447 Upper Ottawa Street, Unit 1, Hamilton ON L8W 3J6 Fax: 905-383-1904 Email: admin@oara.com**