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CONTRACTOR MEMBERSHIP APPLICATION

Name of Company: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

Contact: _____

Criteria for Membership:

- **Yearly Membership Dues are \$475.00**
- **Potential Contractor members must be nominated by one (1) current Contractor member**

Upon receipt of your application, the HCARN executive will review and vote upon each Company's acceptance /decline into our Association.