



5155 Spectrum Way, Unit 27, Mississauga, Ontario L4W 5A1  
 Tel: (905) 625-1084  
 Fax: (905) 625-3006  
 Toll Free: 1-888-365-2626  
 www.lbmao.on.ca

**APPLICATION FOR SUPPLIER MEMBERSHIP**

Date of Application: \_\_\_\_\_

**Qualification for Supplier Membership**

Supplier membership in the LBMAO is open to any manufacturer, distributor, cooperative purchasing organization (buying group), wholesaler or service firm which sells product or provides services to the retail lumber, building material, hardware trade, home improvement or home décor or wishes to participate in an LBMAO sponsored program (e.g. group insurance).

Upon receipt of this application the applicant will receive LBMAO mailings and periodicals as distributed from the LBMAO office. Membership must be approved by the Board of Directors at the next board meeting to be held after receipt of the application.

**Annual Supplier Membership Fees:**

Annual Supplier Membership Fee: **\$450.00 + HST**  
 Additional Fee per Branch (if Applicable): **\$185.00 + HST**  
 Membership Fee includes:

- 1 copy of the current LBMAO Directory
- 1 listing under **Product Sources** (additional listings can be purchased at a nominal fee.)
- Preferred rates on LBMAO services and events
- LBMAO Reporter Magazine
- All LBMAO mailings
- Up to 5 contacts for mailings (Including Primary Contact)

**Supplier Information:**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City / Town: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Toll Free No.: \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Additional Contacts:**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_ Fax (If different from above): \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_ Fax (If different from above): \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_ Fax (If different from above): \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_ Fax (If different from above): \_\_\_\_\_

(over)

