

# MEMBERSHIP APPLICATION FORM



Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

We, the signed, hereby make application with the BOILERMAKER CONTRACTORS' ASSOCIATION for Membership in the following province(s):

Please check and initial the box(s) of which Province(s) you wish to become a member.

- |  |  |
|--|--|
| ___ <input type="checkbox"/> Alberta       | ___ <input type="checkbox"/> Saskatchewan            |
| ___ <input type="checkbox"/> Ontario       | ___ <input type="checkbox"/> Manitoba                |
| ___ <input type="checkbox"/> New Brunswick | ___ <input type="checkbox"/> Newfoundland & Labrador |
| ___ <input type="checkbox"/> Nova Scotia   | ___ <input type="checkbox"/> Prince Edward Island    |

Please choose one type of Boilermaker Trade Business your firm would mainly fit under:

- Engineering/Mechanical Construction Contractor
- Vessel and Boiler Manufacturer
- Steel Plate & Tank Erector

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We have read and are familiar with the Constitution and By-Laws of the Association and if accepted for membership we agree to comply with and abide by the Constitution and By-Laws now, or hereafter, in force and to comply with all proceedings and votes of the Boards of Directors and the membership taken under the By-Laws.

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Authorized Representative Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_

*The authorized representative will be entitled to hold office, and such person or an alternate, shall, in any event, be eligible to attend meetings. The authorized representative shall have the power to bind its Firm in membership decisions.*

- In order to comply with Canada's anti-spam legislation we require your express consent to receive email communications. Please check the adjacent box to confirm your consent as the authorized representative. You will have the opportunity to unsubscribe from these messages at any time.

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## Additional Information Required



### Payroll Contact

Name:	Title:	Phone #:
Email:		

### Health & Safety Representative

Name:	Title:	Phone #:
Email:		

### Job Ready Dispatch

*This individual will be the administrator for your Organization on the IBB's Contractor Portal, which is currently being tested. This portal will allow our BCA member contractors to access and download all core training certificates for individuals dispatched to site, improving your efficiencies. We are also working to ensure this can be downloaded in batches prior to the individuals arriving in order to improve on-boarding.*

Name:	Title:	Phone #:
Email:		

### RSAP/BCABEAP (Alberta only)

*This individual will be our first point of contact concerning updates to these Programs and/or to facilitate queries through our service providers.*

Name:	Title:	Phone #:
Email:		

**If there are additional individuals within your organization who would benefit from receiving communications such as wage and benefit schedules, bargaining and/or industry updates please provide their information below along with a brief description of what information may be relevant to each individual.**

Name:	Title:	Phone #:
Email:		
Notes:		

Name:	Title:	Phone #:
Email:		
Notes:		

Name:	Title:	Phone #:
Email:		
Notes:		

Return your completed application form by mail to Boilermaker Contractors' Association, 20 Corporate Park Drive, Suite 102, St. Catharines, ON L2S 3W2 or by email to [info@bcacananda.ca](mailto:info@bcacananda.ca).

# POWER OF ATTORNEY FORM



## APPLICATION FOR REGISTRATION

### COLLECTIVE BARGAINING AUTHORIZATION

The undersigned \_\_\_\_\_, hereinafter  
(Name of Employer)

called the Employer, appoints The Boilermaker Contractors' Association of

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- |  |  |
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hereinafter called the Association, as its sole and exclusive bargaining agent and representative for collective bargaining with The International Brotherhood of Boilermakers, Iron Shipbuilders, Blacksmiths, Forgers and Helpers.

The Employer further appoints the Association as its sole and exclusive bargaining agent and representative to make an Application for registration as employer bargaining agency under the *Labour Relations Code of the Province(s) as check-marked above.*

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

By: \_\_\_\_\_ (Signature of Officer)

\_\_\_\_\_  
(Name of Officer – Please Print)

\_\_\_\_\_  
(Title – Please Print)

Witness: \_\_\_\_\_