

MEMBERSHIP FORM

Working with local municipal associations across the country, the Canadian cooperative procurement group, not-for-profit, and public sector organizations secure preferential pricing and service by combining the purchasing power of its entire membership to create an economy of scale.

To join, please fill out the information below and return it to your local Client Relations Manager. All fields are required. There is no minimum purchase required.

If your organization has existing accounts with approved suppliers in good standing, you can transfer those accounts over to your cooperative procurement account for improved discounts. Talk to your Client Relations Manager for more details.

BILL-TO

FULL NAME:

DATE:

POSITION:

PHONE #:

EMAIL:

ORGANIZATION:

FULL ADDRESS:

POSTAL CODE:

SHIP-TO

FULL NAME:

DATE:

POSITION:

PHONE #:

EMAIL:

ORGANIZATION:

*FULL ADDRESS:

POSTAL CODE:

*Please provide a physical address. Orders cannot be shipped to PO boxes.

SIGNATURE OF AUTHORIZED INDIVIDUAL

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME OF AUTHORIZED INDIVIDUAL

POSITION / TITLE

DATE

