

Associate Membership Application

Company Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____ E-Mail: _____

WorkSafeNB ID # _____ NAICS # _____

***NEW - Please include with this application a current WorkSafeNB clearance certificate as well as a separate document indicating your NAICS code. This can be requested and provided from WorkSafeNB's Assessment Department 1-800-999-9775**

Number of Employees	NB Based Non Construction	NS,PEI,NFLD Construction	NS,PEI,NFLD Non-Construction
1	\$100.00/year	\$500.00/year	\$750.00/year
2	\$200.00/year	\$500.00/year	\$750.00/year
3	\$300.00/year	\$500.00/year	\$750.00/year
4	\$400.00/year	\$500.00/year	\$750.00/year
5-10	\$500.00/year	\$500.00/year	\$750.00/year
11-50	\$1,000.00/year	\$750.00/year	\$1,500.00/year
51+	\$2,000.00/year	\$1,000.00/year	\$3,000.00/year

Please circle or highlight number of employees **AND** the appropriate pay scale/location for your company (all membership fees are subject to 15% HST)

Associate membership is renewable on an annual basis. For new members payment can be made by phone with VISA or MasterCard or by sending a cheque. Existing members will be invoiced upon receiving a completed form prior to their expiry month.

Signature: _____

Date _____