



# *Mid Island Truck & Equipment Association*

## Associate Supplier Membership Application

Business Name : \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

WCB #: \_\_\_\_\_

All members **MUST** be covered by **WORKERS COMPENSATION** and your WCB number must be supplied.

Dues: \$200.00 per year (January to December)

I do hereby agree to abide by the by-laws, code of ethics and standards of practice of the Mid Island Truck & Equipment Association. I will maintain a high standard of workmanship and business ethics in order to be a credit to MITE and the construction industry. By joining and remaining a paid to date member of the association I agree to adhere to the set out rate guidelines, respect and support fellow members and to promote community involvement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail Address: MITE  
c/o 4311 Jinglepot Road  
Nanaimo, BC, V9T 5P5

Email: [info@midislandtruckandequipment.com](mailto:info@midislandtruckandequipment.com)