



Mid Island Truck & Equipment Association

Equipment Owner 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