



Canadian Institute of Plumbing & Heating
L'Institut canadien de plomberie et de chauffage

A National Voice With Regional Roots | Une histoire régionale, une voix nationale

APPLICATION FOR MEMBERSHIP

CANADIAN WHOLESALER DISTRIBUTOR: VOTING MEMBER

“Wholesaler Distributor” means a Person whose principal business is the distribution to the industry of Plumbing and Heating products and that he continuously carries in stock a general assortment thereof in sufficient quantities to answer all ordinary requirements of the industry in his locality. CIPH By-Laws recognize two classes of Wholesalers: 1: Wholesaler Distributor 2. Specialty: Wholesaler Distributor

The undersigned hereby applies for membership in the Canadian Institute of Plumbing & Heating/L'Institut canadien de plomberie et de chauffage and, if accepted, agrees to comply with all the provisions of the By-Laws of the Institute. The undersigned agrees to pay annual dues in accordance with the schedule approved by the Board of Directors of the Institute.

- Please calculate annual membership dues based on last year's sales plus locations that inventory and sell plumbing, heating, hydronics, waterworks and industrial products.
- A dues calculation form is provided.
- Dues are payable each May 1st.
- Please return your application to CIPH with a cheque or credit card information for the amount you have calculated.
- The CIPH Board of Directors will review your application at the next Board Meeting.
- If your application is not accepted, a full refund will be made.

Please complete the following form:

Company

Address

City

Province

Postal Code

Telephone

Fax

Other

E-mail

Web Site

1. President of Company

2. Applicant Name

Position

3. Signature

Date

4. Please list up to 3 MANUFACTURERS who sell to the company on a regular basis in each applicable category below. You must carry the product in your regular monthly inventory.

4.1 Full Line of Plumbing Fixtures/Bathware:

4.2 Full Line of Faucets & Plumbing Trim:

4.3 Tubing & Pipe:

4.4 Water Heaters:

4.5. Pipe Fittings & Accessories:

4.6. Full Line of Drains:

4.7. Hydronic Equipment:

4.8. Potable Water System Equipment:

4.9. Bath & Shower Accessories:

4.10. Controls:

4.11. Full Line of Valves:

4.12. Municipal Valves & Hydrants:

4.13. Air and Radiant Heating Equipment:

4.14. Air Conditioning Equipment:

4.15. Sheet Metal Fittings & Components:

4.16. Refrigeration & Refrigeration Supplies:

4.17. Accessories:

...continue

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(please check where appropriate)

5. What is the company's geographic marketing area?

6. How many branch locations?

7. What is the company's estimated average monthly inventory?

Under \$500,000 \$500,000 to \$1,000,000 Over \$1,000,000

8. What other product groups does the company stock and sell?

9. What percentage of the company's total sales do these products represent? %

10. What percentage of the company's sales are to:

Plumbing, Heating & Mechanical Contractors: %	Consumers: %	Please Specify Others:
		<input type="checkbox"/> Builders %
		<input type="checkbox"/> Retailers %
		<input type="checkbox"/> Industrial %

11. Does the company install any of the products it sells? YES NO

12. How many people does the company employ in Canada?

Under 50 50 - 150 150 - 500 Over 500

13. a) Date company established? Year:

b) How long has it been under the present ownership? Years:

c) Is it registered or incorporated in Canada? YES Federally Provincially NO

14. Is the company affiliated with any other Canadian company? YES NO

Is that company in the plumbing and heating industry? YES NO

If yes, please give the name and explain the relationship:

15. Canada's Anti-Spam Legislation fulfillment: "Yes, I agree to receive e-communications from CIPH":

16. Please list your key Canadian employees and titles:

Name	Title
Location and email	
Name	Title
Location and email	
Name	Title
Location and email	

17. To assist the CIPH Membership Committee with their recommendation to the CIPH Board, please indicate the top three reasons why you want to become a member of the Institute or attach a list. List Attached

1.
2.
3.

**THANK YOU FOR APPLYING FOR MEMBERSHIP IN CIPH!
THE CIPH BOARD WILL REVIEW YOUR APPLICATION AT THE NEXT BOARD MEETING**

Canadian Institute of Plumbing & Heating
295 The West Mall, Suite 504, Toronto, ON M9C 4Z4
Tel: 416 695 0447 ■ Fax: 416 695 0450 ■ Web Site: www.ciph.com



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2017/2018 DUES CALCULATION FORM CIPH WHOLESALER DISTRIBUTOR MEMBER

- The following dues schedule has been approved by the Board of Directors of CIPH.
- Effective May 1, 2017 for the CIPH fiscal year May 1, 2017 to April 30, 2018.
- Dues are payable May 1 or with your application for CIPH Membership.

1. PLEASE LIST SUBSIDIARIES INCLUDED, IF ANY:	
2. BASIC DUES (Canadian Annual Sales, Including Subsidiaries) (please check where appropriate <input checked="" type="checkbox"/>)	
<input type="checkbox"/> On Sales of over \$100 million	\$4,800
<input type="checkbox"/> On Sales of \$50 million to \$100 million	\$4,050
<input type="checkbox"/> On Sales of \$25 to \$50 million	\$2,800
<input type="checkbox"/> On Sales of \$1 to \$25 million	\$1,500
BASIC DUES (Head office warehouse is included in "basic")	\$
3. LOCATION DUES (IF ANY)	
\$100 for each location that inventories and sells one or more of plumbing, heating, hydronics, waterworks and industrial PVF products.	
# LOCATIONS: x \$100 = (Maximum - 80 locations or \$8,000)	\$
4. ANNUAL DUES/SUBTOTAL (Item 2 plus Item 3)	\$
5. PLUS GST/HST per Province of origin (calculated on Item 4) Registration #10686 1669RT	\$
<input type="checkbox"/> AB-5% <input type="checkbox"/> BC-12% <input type="checkbox"/> MB-13% <input type="checkbox"/> NB-13% <input type="checkbox"/> NL-13% <input type="checkbox"/> NT-5% <input type="checkbox"/> NS-15% <input type="checkbox"/> ON-13% <input type="checkbox"/> PE-14% <input type="checkbox"/> QC-14.975% <input type="checkbox"/> SK-10% <input type="checkbox"/> NU-5% <input type="checkbox"/> YU-5%	\$
6. TOTAL 2017/2018 DUES (Item 4 plus Item 5)	\$

A SIGNED COPY OF DUES CALCULATION FORM AND PAYMENT MUST ACCOMPANY YOUR APPLICATION

SIGNING OFFICER:

SIGNATURE:

COMPANY:

ADDRESS:

PAYMENT OPTIONS

(please check where appropriate)

To pay by credit card, please fax CIPH at 416 695 0450

VISA

MASTERCARD

CHEQUE

(Please print)

Cardholder Name

Signature

Card Number

Expiry Date

CVV # (back of credit card)

PLEASE RETURN A COPY WITH YOUR PAYMENT AND KEEP A COPY FOR YOUR RECORD OF HST PAID... *Thank you!*

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