



Waste Management Association of BC Membership Application

APPLICATION FORM:

COMPANY NAME: _____

PRIMARY CONTACT: _____

ADDRESS: _____

TELEPHONE: _____

CELL PHONE: _____

EMAIL: _____

CONTACT:

Lori Bryan
Executive Director
604-283-5603
info@wmabc.ca
www.wmabc.ca

Please Return Completed
Application & Payment to:

WMABC
PO Box 3322 Station Main
Mission, BC V2V 4J5

Tel: (604) 283-5603
Fax: 1-866-272-8003
info@wmabc.ca

Applying for Membership as: (choose one)

-Hauler / Recycler \$395 (up to 3 trucks) _____

-Hauler / Recycler \$500 (4 - 10 trucks) _____

-Hauler / Recycler \$1000 (11 – 25 trucks) _____

-Hauler / Recycler \$2500 (26 – 75 trucks) _____

-Hauler / Recycler \$5000 (76 – 100 trucks) _____

-Hauler / Recycler \$10,000 (100 + trucks) _____

-Landfill / Transfer Station / Processor \$395.00 _____

plus \$ 395 per each secondary site _____

-Supplier \$395 _____

Subtotal : _____

G.S.T. (5%) _____
GST# 889349056 _____
Total _____

Visa _____ M/C _____

Expiry : _____/_____

Name on Card: _____

Cheque _____

Please email receipt Yes ___ No ___