

# Canadian Office Products Association MEMBERSHIP APPLICATION



## Company Information

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Web Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Primary Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_

## Membership Category (select the category that applies)

- Dealer                       Manufacturer                       Wholesaler  
 Manufacturer's Sales Agent    Buying Group                       Affiliate (provides services to the office products industry)

## Membership Dues – 2010 (same rates since 2008)

Membership fees are based on annual sale volume and are pro-rated monthly. Please select the category that applies.

<i>Annual Sales Volume</i>		<i>Level</i>	<i>Annual Dues</i>	<i>HST</i>	<i>Total</i>
<b>Dealers, Manufacturers, Wholesalers</b>					
Under \$500,000	<input type="checkbox"/>	A	\$525.00	\$68.25	\$593.25
\$500,000 - \$1 Million	<input type="checkbox"/>	B	\$700.00	\$91.00	\$791.00
\$1 Million - \$10 Million	<input type="checkbox"/>	C	\$1,350.00	\$175.50	\$1,525.50
\$10 Million - \$25 Million	<input type="checkbox"/>	D	\$1,800.00	\$234.00	\$2,034.00
\$25 Million - \$100 Million	<input type="checkbox"/>	E	\$2,250.00	\$292.50	\$2,542.50
\$100 Million +	<input type="checkbox"/>	F	\$2,700.00	\$351.00	\$3,051.00
<b>Manufacturer's Sales Agents</b>					
1 Sales Representative	<input type="checkbox"/>	G	\$115.00	\$14.95	\$129.95
2 Sales Representatives	<input type="checkbox"/>	H	\$200.00	\$26.00	\$226.00
3+ Sales Representatives	<input type="checkbox"/>	I	\$310.00	\$40.30	\$350.30
<b>Affiliates</b>					
	<input type="checkbox"/>	J	\$1,000.00	\$130.00	\$1,130.00
<b>Buying Groups</b>					
	<input type="checkbox"/>	K	Call for quote	-	-

**Payment**     VISA                       MasterCard                       Cheque                      Amount: \$ \_\_\_\_\_                      HST # R123825366  
 Card Number \_\_\_\_\_ Exp: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU!**