

## Associate Membership Application Form



Companies classified in Workplace Health Safety and Compensation Commission (WorkplaceNL) Newfoundland Industrial Classification (NIC) codes other than construction, are eligible to join the NLCSA as Associate Members.

ASSOCIATE MEMBERSHIP APPLICATION INFORMATION	
Date: _____	
Company Name: _____	
Contact Name: _____	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
WorkplaceNL NIC Code: <small>(Please attach proof of WorkplaceNL Firm # and NIC Code)</small>	No. of Employees: <b>(approximately)</b>
Address: _____	
City: _____	
Province: _____	Postal Code: _____
Phone Number: _____	Fax Number: _____
Email: _____	Web Page: _____
Please list any co-owned or affiliated companies: _____	

Associate membership fees are payable annually and are based on company size

# Employees	1 - 2	3 - 10	11 - 30	31 - 50	51 +
Annual Fee	\$125.00	\$325.00	\$625.00	\$900.00	\$1125.00
HST	\$18.75	\$48.75	\$93.75	\$135.00	\$168.75
Total Annual Fee	\$143.75	\$373.75	\$718.75	\$1,035.00	\$1,293.75

Please send completed application and payment to the NLCSA at the address below.

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