**Canadian Sunroom Manufacturers Association (CSMA)**
39 River Street, Toronto, ON M5A 3P1
T: 416.646.1600 F: 416.646.9460
info@canadiansunroom.org

Name: _____

Address:_____

City:_____ Postal Code:_____

Telephone: (_____)_____ Fax: (_____)_____

Contact:_____

Contact Email:_____

**Dealer Membership Criteria**

- Name of General Member of CSMA that you represent: _____
- Engaged in the retail sales of sunrooms: Yes No
- Years in business: _____ (min 5 years)
- Any current insurance / legal claims? Yes No
- Are there current BBB complaints against the company? Yes None
- Are there current lawsuits against the company? Yes None
- The principals are not engaged in any illegal activity: Yes No

I / we, certify that all of the above are true. I / we allow CSMA to verify any pf the above information at any time. I / we agree to be bound by the decision of the directors and do not hold the CSMA or any of its directors responsible for any damages that could be claimed for refusal into the CSMA or membership rescission. I / we agree to inform the association about changes in ownership or other material changes to the corporation within 30 days of any such changes. I / we agree to be bound by the bylaws and bylaw revisions of the CSMA.

*I / we understand the criteria of membership and that our membership may be terminated / rescinded upon the discretion of the Board, if we do not meet or fail to continue to meet the criteria of membership or the attached code of ethics.*

**Annual Membership fees**: ~~$ 105 ($ 100 + GST~~) **COMPLIMENTARY for 2011**

Enclosed with application Invoice me upon approval of membership

All principals of the corporation:

| Name | Signature | Position | Date |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |