



ATLANTIC WOOD TRUSS FABRICATORS ASSOCIATION

Membership Application Form

989 Route 605, Maple Ridge, New Brunswick, E6E 1W7

On behalf of: (company name) _____

I/we apply for: Full Membership Associate Membership

Signature: _____

Date: _____

Full Member:

- To include primary manufacturers of roof and floor trusses and distributors of related wood products such as pre-engineered floor joist and structural beams.

Associate Member:

- To include plate and wood product manufacturers and distributors, insurance and transportation company's and other related enterprises whose goals and objectives are compatible to the AWTFFA.

For our General Records: _____

Primary Address:

Street/Box # : _____

City/Province: _____

Postal Code: _____

Name of Contact: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Web Page Address: _____

Member Fee Structure:

All Memberships-AWTFFA/CWTA \$400.00 not taxable = \$400.00

Complete form and E-mail to walter@macdonaldbuilders.ca

Revised: February 2019