

CANADIAN CONSUMER SPECIALTY PRODUCTS ASSOCIATION

MEMBER INFORMATION FORM JANUARY 1 – DECEMBER 31, 2010

This form must be completed by all members. (Please print clearly.)

COMPANY NAME: _____

Name of Official Representative:		
Address:		
City:	Province:	Postal Code:
Telephone #:	Fax #:	
Mailing Address (if different from above):		
Email Address:		

Name of Alternate Representative:		
Address:		
City:	Province:	Postal Code:
Telephone #:	Fax #:	
Mailing Address (if different from above):		
Email Address:		

We have a list of our members on the CCSPA website – most members are linked to their company website. If you want us to link your company name to your company's website, please fill in your company's website address below:

Website Address: _____

COMMITTEES/AREAS OF INTEREST

To volunteer for a committee, please check the appropriate box in COLUMN A and provide the name of your resource person, their telephone and fax numbers, and their email address. (Please provide mailing address if different from Official Representative.) If you cannot participate on a committee but would like to receive all correspondence pertaining to that committee, please check the appropriate box in COLUMN B.

A	COMMITTEES	Resource Person	Tel. & Fax #	Email Address	B
	REGISTERED PRODUCTS Issues: pest control products, Antimicrobials, biocides				
	SOAP AND DETERGENT / ENVIRONMENT Issues: CEPA, Chemicals Management Plan, post- consumer waste, VOCs				
	GLOBALLY HARMONIZED SYSTEM (GHS) Ad Hoc Working Group				
	PUBLIC AFFAIRS COMMITTEE				

GENERAL INFORMATION ON MEMBER COMPANIES

TYPES OF PRODUCTS OR SERVICES SOLD:

NUMBER OF MANUFACTURING PLANTS AND LOCATIONS IN CANADA:

NUMBER OF EMPLOYEES IN CANADA:

COMPANY AFFILIATIONS OR OWNERSHIP:

SENIOR EXECUTIVE NAME:

MAILING ADDRESS:

ARE YOU A: MANUFACTURER SUPPLIER BOTH SUPPLIER & MANUFACTURER CONSULTANT

IMPORTER/DISTRIBUTOR

CCSPA Membership Fees
January 1 – December 31, 2010

I certify that our company's gross sales relating to consumer, industrial and institutional specialties fall under Category _____ as per the CCSPA Membership Fees Schedule and our 2010 dues payment is \$_____.

Signed

(Official Representative)

Title

Company

Main Telephone

Return completed forms and cheque to:

CCSPA (GST # R 108075490)
800-130 Albert Street
Ottawa, Ontario K1P 5G4

To send payment by wire transfer, please contact Nancy Hitchins at 613-232-6616, ext. 12, or email to hitchinsn@ccspa.org.

NOTE: US members paying by wire transfer – please send dues amount in Canadian dollars.

EXTRACT FROM CCSPA BYLAWS, ARTICLE I

2 - Class of Membership

Membership in the Association shall be as follows:

(a) ACTIVE MEMBERS

Any individual, partnership, firm or corporation which carries on in Canada the manufacture, processing, distribution, marketing, dispensing, application, consulting, or packaging of consumer, industrial, and institutional specialty products shall be eligible for Active Membership.

Any individual, partnership, firm or corporation engaged, in Canada, in the business of supplying equipment, devices, containers, raw or other materials, or services for or in respect of those articles listed above shall be eligible for Active Membership.