

# CANADIAN CONSUMER SPECIALTY PRODUCTS ASSOCIATION

## MEMBER INFORMATION FORM JANUARY 1 – DECEMBER 31, 2015

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

COMPANY NAME: \_\_\_\_\_

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

<b>Name of Alternate Representative:</b>		
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**

To volunteer and/or receive all correspondence pertaining to a committee, please 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.)

COMMITTEES	Resource Person	Tel. & Fax #	Email Address
REGISTERED PRODUCTS Issues: pest control products, antimicrobials, biocides			
SOAP AND DETERGENT /ENVIRONMENT Issues: CEPA, Chemicals Management Plan, post- consumer waste, VOCs, GHS			
PUBLIC AFFAIRS COMMITTEE			

**GENERAL INFORMATION ON MEMBER COMPANIES**

**TYPES OF PRODUCTS OR SERVICES SOLD:**

\_\_\_\_\_  
**NUMBER OF MANUFACTURING PLANTS AND LOCATIONS (INCLUDING POSTAL CODE) IN CANADA.**  
THIS HELPS CCSPA IDENTIFY ELECTED OFFICIALS FOR EACH LOCATION, WHICH WE USE  
IN OUR ADVOCACY EFFORTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**NUMBER OF EMPLOYEES IN CANADA:** \_\_\_\_\_

**ARE YOU A:**

- MANUFACTURER
- SUPPLIER
- BOTH MANUFACTURER & SUPPLIER
- CONSULTANT
- IMPORTER/DISTRIBUTOR
- OTHER, PLEASE SPECIFY: \_\_\_\_\_

**CCSPA Membership Fees**  
**January 1 – December 31, 2015**

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 2015 dues payment is \$\_\_\_\_\_.

Signed

\_\_\_\_\_  
(Official Representative)

Title

Company

**Main** Telephone

**Return completed forms and cheque to:**

CCSPA  
800-130 Albert Street  
Ottawa, Ontario K1P 5G4

**(HST # R108075490)**

**OR send payment by wire transfer to:**

TD Canada Trust World Exchange Plaza-TD Tower 45 O'Connor Street Ottawa, Ontario K1P 1A4 Canada	Account Number: 5267628 Institution Number: 004 Branch Number: 03546  Swift Code: TDOMCATTOR
PLUS: CCSPA name and address	

**NOTE: US members – please remit your fee in Canadian dollars.**

**EXTRACT FROM CCSPA BYLAWS, ARTICLE I**

Section 2 Classes of Membership

Membership in the Association shall consist of the following type:

(a) Active Membership

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.