



Application/Renewal For Affiliate Membership

Please indicate the Affiliate Membership package you wish:

- Option A: \$500 & GST
- Option B: \$750 & GST
- Option C: \$1000 & GST
- Professional \$300 & GST

Business name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Business Telephone: _____ Fax: _____ Cell: _____

Key Contact Name: _____ Position: _____

Email: _____ Website: _____

Affiliate Characteristics: (Check all that apply)

- Commercial
- Distributor
- Importer
- Manufacturer
- Residential
- Retailer
- Profession: _____

Other (please specify): _____

- Open to Trade only
- Open to Retail with Trade Discount

Please list other individual contacts in the space provided below if you wish them to receive e-mail correspondence from CDECA.

NOTE: Cost for additional contacts is \$25 plus GST per contact per annum. (Use continuation sheet if necessary)

Address: _____

Phone: _____ Contact Name: _____

Email: _____

Address: _____

Phone: _____ Contact Name: _____

Email: _____

Address: _____

Phone: _____ Contact Name: _____

Email: _____

PRODUCTS OFFERED: please check all that apply

- Furniture:** Upholstered: Residential Commercial
- Case Goods: Residential Commercial
- Custom: Residential Commercial
- Other: Residential Commercial

Fabric: Brand(s) _____

Wallpaper: Brand(s): _____

Paint: Brand(s): _____

- Windows:** Blinds: Vertical Horizontal Wood
- Shutters: Wood Polyvinyl Other

