



CANADIAN  
MANUFACTURERS  
& EXPORTERS

## MANUFACTURED RIGHT HERE

MEMBERSHIP APPLICATION FORM

### COMPANY INFORMATION

COMPANY NAME:

ADDRESS:

SUITE/UNIT:

CITY:

PROV:

POSTAL  
CODE:

MAIN  
PHONE:

MAIN FAX:

URL/WEBSITE:

NUMBER OF EMPLOYEES:

### TYPE OF BUSINESS (PLEASE CHECK ONLY ONE – PRIMARY TYPE OF BUSINESS)

MANUFACTURER

SERVICE PROVIDER

### INDUSTRY GROUP (PLEASE CHECK ONLY ONE – PRIMARY INDUSTRY GROUP)

AEROSPACE

PLASTICS / COMPOSITES

MARINE PRODUCTS

WOOD PRODUCTS / FORESTRY EQUIPMENT

AUTOMOTIVE & TRANSPORTATION EQUIPMENT

BUILDING PRODUCTS / EQUIPMENT

MINING PRODUCTS / EQUIPMENT

PULP / PAPER PRODUCTS

ENERGY PRODUCTS / EQUIPMENT

MEDICAL & HEALTH PRODUCTS / EQUIPMENT

INDUSTRIAL MACHINERY / EQUIPMENT OR  
TECHNOLOGY

ENVIRONMENTAL PRODUCTS / EQUIPMENT

CHEMICAL

CONSUMER PRODUCTS

ELECTRONICS / COMPUTERS

FOOD PROCESSING / AGRIFOOD / BEVERAGE

FABRICATED METAL

OTHER

### DO YOU EXPORT?

YES

NO

### PRIMARY CONTACT INFORMATION

CONTACT NAME:

CONTACT TITLE:

OFFICE PHONE:

CELL  
PHONE:

EMAIL:

| ADDITIONAL CONTACT INFORMATION |        |               |  |
|--------------------------------|--------|---------------|--|
| CONTACT NAME:                  |        |               |  |
| CONTACT TITLE:                 |        | OFFICE PHONE: |  |
| CELL PHONE:                    | EMAIL: |               |  |

| ADDITIONAL CONTACT INFORMATION |        |               |  |
|--------------------------------|--------|---------------|--|
| CONTACT NAME:                  |        |               |  |
| CONTACT TITLE:                 |        | OFFICE PHONE: |  |
| CELL PHONE:                    | EMAIL: |               |  |

| ADDITIONAL CONTACT INFORMATION |        |               |  |
|--------------------------------|--------|---------------|--|
| CONTACT NAME:                  |        |               |  |
| CONTACT TITLE:                 |        | OFFICE PHONE: |  |
| CELL PHONE:                    | EMAIL: |               |  |

| Email or mail this form to:   |                                  |   |               |
|---|----------------------------------|---|---------------|
| <b>Membership Services</b><br><b>Manufactured Right Here/CME NL</b><br><b>C/O Amy Fitzpatrick</b><br><b>79 Mews Place, St. John's NL</b><br><b>A1B 4N2</b><br><b>(709) 690-6000</b><br><a href="mailto:Amy.fitzpatrick@cme-mec.ca">Amy.fitzpatrick@cme-mec.ca</a> |                                  |   |               |
|   |                                  | Membership Fee                          |               |
| <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Mastercard  |                                  | Membership Fee                          | \$ 200        |
| Card Number:  | Expiry Date (MM/YY):             | HST (15%)                               | \$ 30         |
| Cardholder's name (as it appears on the card):  | CVC # (3 digits on back of card) | <b>TOTAL</b>                            | <b>\$ 230</b> |
| Signature:  |                                  | <b>HST/GST Registration # 108075482</b> |               |

**TO CONFORM WITH NEW CANADIAN ANTI-SPAM LEGISLATION, WE REQUIRE YOUR CONSENT IN ORDER TO PROVIDE YOU WITH ANY PRODUCT INFORMATION AS WELL AS ADVANCE NOTICE OF ANY PROMOTIONS AND/OR EVENTS VIA ELECTRONIC MAIL.**

**PLEASE SIGN HERE TO CONSENT TO RECEIVING CME COMMUNICATIONS.**

\_\_\_\_\_  
 AUTHORIZER'S NAME - PLEASE PRINT

\_\_\_\_\_  
 AUTHORIZER'S SIGNATURE

\_\_\_\_\_  
 DATE (DD/MM/YYYY)

**For assistance, please contact: Amy Fitzpatrick at [Amy.Fitzpatrick@cme-mec.ca](mailto:Amy.Fitzpatrick@cme-mec.ca) or call 709-690-6000**