



Toronto Sheet Metal Contractors Association

30 Wertheim Court # 26 | Richmond Hill ON | L4B 1B9 | ph (905) 886-9627 fax (905) 886-9959



Change to Company Representative & Additional Company Contact

Name of Company: _____

COMPANY REPRESENTATIVE TO THE ASSOCIATION

Name

Telephone

email

SECTION A

Complete this section to make a CHANGE in the Company Representative

Each member shall authorize one person to be its representative on the Association and no member shall be entitled to more than one authorized company representative at any one time. A member may change its authorized representative at any time by notice in writing addressed to the Executive Director.

Name

Telephone

email

SECTION B

Complete this section to DELETE or make REVISION to an existing authorized Additional Company Contact

The Company Representative to the Association may authorized the Association by notice in writing to permit Additional Company Contacts to receive communications and access to Association resources. The Company Representative shall prescribe the set permissions for communications for each Additional Contact.

Contact: _____

Name

email

Telephone

Revise Permissions
As Checked
(Check Box)

ASSOCIATION EVENTS	<input type="checkbox"/>	PAYMENTS / INVOICING	<input type="checkbox"/>
CROSSFLOW MAGAZINE	<input type="checkbox"/>	SMACNA	<input type="checkbox"/>
GOVERNMENT LEGISLATION	<input type="checkbox"/>	TECHNICAL RESOURCES	<input type="checkbox"/>
HUMAN RESOURCES	<input type="checkbox"/>	TRAINING & EDUCATIONAL PROGRAMS	<input type="checkbox"/>
LABOUR RELATIONS	<input type="checkbox"/>	TWOGREYSUITS	<input type="checkbox"/>
MEETINGS OF MEMBERSHIP	<input type="checkbox"/>	WALLY McINTOSH SCHOLARSHIP	<input type="checkbox"/>

SECTION C

Complete this section to ADD Additional Company Contact (s)

The Company Representative to the Association may authorized the Association by notice in writing to permit Additional Company Contacts to receive communications and access to Association resources. The Company Representative shall prescribe the set permissions for communications for each Additional Contact.

Additional Contact:

Name

email

Telephone

Permissions
(Check Box)

ASSOCIATION EVENTS	<input type="checkbox"/>	PAYMENTS / INVOICING	<input type="checkbox"/>
CROSSFLOW MAGAZINE	<input type="checkbox"/>	SMACNA	<input type="checkbox"/>
GOVERNMENT LEGISLATION	<input type="checkbox"/>	TECHNICAL RESOURCES	<input type="checkbox"/>
HUMAN RESOURCES	<input type="checkbox"/>	TRAINING & EDUCATIONAL PROGRAMS	<input type="checkbox"/>
LABOUR RELATIONS	<input type="checkbox"/>	TWOGREYSUITS	<input type="checkbox"/>
MEETINGS OF MEMBERSHIP	<input type="checkbox"/>	WALLY McINTOSH SCHOLARSHIP	<input type="checkbox"/>

Additional Contact:

Name

email

Telephone

Permissions
(Check Box)

ASSOCIATION EVENTS	<input type="checkbox"/>	PAYMENTS / INVOICING	<input type="checkbox"/>
CROSSFLOW MAGAZINE	<input type="checkbox"/>	SMACNA	<input type="checkbox"/>
GOVERNMENT LEGISLATION	<input type="checkbox"/>	TECHNICAL RESOURCES	<input type="checkbox"/>
HUMAN RESOURCES	<input type="checkbox"/>	TRAINING & EDUCATIONAL PROGRAMS	<input type="checkbox"/>
LABOUR RELATIONS	<input type="checkbox"/>	TWOGREYSUITS	<input type="checkbox"/>
MEETINGS OF MEMBERSHIP	<input type="checkbox"/>	WALLY McINTOSH SCHOLARSHIP	<input type="checkbox"/>

Submit an additional form for permission REVISIONS made to more than 1 Additional Contact or when ADDING more than 2 Additional Contacts

**For Section A – to be signed by Signing Officer of Company
For Sections B & C - to be signed by Company Representative to Association**

SUBMITTED THIS

DAY OF

YEAR

Signing Officer
or
Company
Representative

Signature

Name Title