

# Automotive Recyclers of Manitoba Inc.

PO Box 43049 Rpo Kildonan Place, Winnipeg MB, R2C 5G5

Phone (204) 667-7882, Fax (204) 864-2700



## Application for Associate Membership

Date of Application \_\_\_\_\_

Name of Company \_\_\_\_\_

Trading Name (if any) \_\_\_\_\_

Address of Business \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Province of Manitoba Recyclers Permit Number \_\_\_\_\_

Sponsor (Must be a direct member) \_\_\_\_\_

List names of Partners and Shareholders \_\_\_\_\_

Number of Employees \_\_\_\_\_

Number of Years in Business \_\_\_\_\_

Size of Property \_\_\_\_\_ Owned or rented \_\_\_\_\_

### Write approximate percentage of your business as conducted in the following:

Auto parts Recycling \_\_\_\_\_%

Auto body repairs \_\_\_\_\_%

Scrap metal processing \_\_\_\_\_%

Automobile sales \_\_\_\_\_%

Commercial Towing \_\_\_\_\_%

New parts sales \_\_\_\_\_%

Other (explain) \_\_\_\_\_%

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**Please attach a covering letter outlining a brief history of your operation and any other information you feel may be helpful to the association.**

**Please forward this complete application along with a cheque for \$400.00 payable to the Automotive Recyclers of Manitoba. This will cover your first year membership fee and your membership plaque. If your application is not successful, the funds will be returned.**



**Recycling can't work without your help, Do your part . . . Buy Recycled Parts!**

**Signature of applicant \_\_\_\_\_**