

Date of Application:	
Company Information:	
Legal Entity Name:	
Operational Name:	
Address:	
City:	Postal Code:
Telephone:	Website:
Legal Structure:	
Incorporated in Ontario: Yes / No	Year of Establishment:
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Registered <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <input type="checkbox"/>	
Related Entity/Company: (Please provide any related companies to the Legal or Operational Entity listed above.)	
Company Name:	
Relationship:	
Main Business:	
Company Name:	
Relationship:	
Main Business:	
Company Name:	
Relationship:	
Main Business:	

Company Principals: (Note: Main Contact will be designated as company representative)	
Main Contact: Officers, Partners, or Principals	
Name:	Title:
Email:	Phone:
Second Contact: Officers, Partners, or Principals	
Name:	Title:
Email:	Phone:
Third Contact: Officers, Partners, or Principals	
Name:	Title:
Email:	Phone:
Fourth Contact: Officers, Partners, or Principals	
Name:	Title:
Email:	Phone:

Company Designation:
Major work Category: <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional
Type of Construction performed: Construction Management <input type="checkbox"/> Design-Build <input type="checkbox"/> Lump Sum <input type="checkbox"/> Development <input type="checkbox"/> Bid Build <input type="checkbox"/> IPD <input type="checkbox"/>
Is your company the party who enters into the General Contractor contract directly with the owners? Yes <input type="checkbox"/> No <input type="checkbox"/>
(Optional) Number of Employees (Range only):
(If Applicable) Union Affiliation:

Value of General Contracting Construction Work					
Value of construction work projected for current year and the actual value for the past four years. Include all projects under any form of contract. For Construction Management contracts, include the total construction cost (not just the fee).					
Calendar Year	Current Year	2024	2023	2022	2021
Annual Value of Construction Work	\$	\$	\$	\$	\$
Percentage of Work Performed as a General Contractor	%	%	%	%	%
Percentage of Self Performed Work	%	%	%	%	%

Insurance Information:
General Liability Insurance Limit of \$5,000,000 or more? Yes <input type="checkbox"/> No <input type="checkbox"/>
Automobile Liability Insurance Limit of \$5,000,000 or more? Yes <input type="checkbox"/> No <input type="checkbox"/>
Broad Form Contractors' Equipment Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>

Health and Safety Information:
Certificate of Recognition program (COR™): Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No", then state equivalent to COR™:
Industry Classification Code or equivalent:
WSIB Rate Group(s):
WSIB Account Number(s):
Company Experience Rate:

Current Projects: The following is a list of most recently completed projects (completed in last 12 – 18 months)	
Project 1 Title:	
Location:	
Description:	Project Value:
Owner/Consultant:	Contract Counterparty:
Contact:	Position:
Email:	Phone:
Did you Self Perform any Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," List Percentage of Work Self Performed: %
Major Sub-Trade on this Project:	
Contact:	
Phone:	Email:
Major Sub-Trade on this Project:	
Contact:	
Phone:	Email:
Major Sub-Trade on this Project:	
Contact:	
Phone:	Email:
Project 2 Title:	
Location:	
Description:	Project Value:
Owner/Consultant:	Contract Counterparty:
Contact:	Position:
Email:	Phone:
Did you Self Perform any Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," List Percentage of Work Self Performed: %
Major Sub-Trade on this Project:	
Contact:	
Phone:	Email:
Major Sub-Trade on this Project:	
Contact:	
Phone:	Email:
Major Sub-Trade on this Project:	
Contact:	
Phone:	Email:
Project 3 Title:	
Location:	
Description:	Project Value:
Owner/Consultant:	Contract Counterparty:
Contact:	Position:



MEMBERSHIP APPLICATION FORM

Email:	Phone:
Did you Self Perform any Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," List Percentage of Work Self Performed: _____ %
Major Sub-Trade on this Project:	
Contact:	
Phone:	Email:
Major Sub-Trade on this Project:	
Contact:	
Phone:	Email:
Major Sub-Trade on this Project:	
Contact:	
Phone:	Email:

Project and Company References:		
Owner Firm Name:	OGCA Staff Only	
Contact:		
Phone:	Email:	
Architect Firm Name:	OGCA Staff Only	
Contact Name:		
Phone:	Email:	
Engineering / Consulting Firm Name:	OGCA Staff Only	
Contact Name:		
Phone:	Email:	
Bonding Firm Name:	OGCA Staff Only	
Contact Name:		
Phone:	Email:	
Insurance Firm Name:	OGCA Staff Only	
Contact Name:		
Phone:	Email:	
Affiliated Association Name:	OGCA Staff Only	
Contact Name:		
Phone:	Email:	

Rationale for Membership: (Please list your company's reasoning for wanting to be part of the OGCA.)
Reason 1:
Reason 2:
Reason 3:
Reason 4:



MEMBERSHIP APPLICATION FORM

Company Authorization:

I/We hereby make application for membership in the Ontario General Contractors Association, with all rights and privileges pertaining thereto, and if accepted, agree to conform to the By-laws and code of conduct of the Association:

OGCA Membership Category:

Name:

Title:

Signature:

OGCA Membership Fees:

Fees are based on the individual Company's Value of Ontario Construction Work for the Previous Fiscal Year. Fees are prorated based on Board approval of membership application. OGCA Fiscal Year concludes June 30.

Category	Ontario Construction Volume	Annual Fee	Taxes	Annual Total
Category 1	Up to \$5,000,000	\$1,400.00	\$182.00	\$1,582.00
Category 2	\$5,000,001 - \$25,000,000	\$4,500.00	\$585.00	\$5,085.00
Category 3	\$25,000,001 - \$75,000,000	\$6,750.00	\$877.50	\$7,627.50
Category 4	\$75,000,001 - \$150,000,000	\$11,100.00	\$1,443.00	\$12,543.00
Category 5	Over \$150,000,001	\$15,500.00	\$2,015.00	\$17,515.00

**PLEASE DO NOT SEND PAYMENT.
OGCA WILL ISSUE AN INVOICE AFTER APPLICATION APPROVAL.
SUBMIT COMPLETED FORM TO INFO@OGCA.CA**