



Application for Membership

Owner Information

Name of Owner:		Company Name:	
Address:		Telephone:	Fax:
City:	Province:	Postal Code:	Email:

Contact Information Same as Owner

Name of Contact:			
Address:		Telephone:	Fax:
City:	Province:	Postal Code:	Email:
IT contact name:		IT contact number:	
Property Management Software:			

Properties Owned / Managed

Civic Address	City	Province	Postal Code	# of Units
*If more properties are owned / managed, please attach on a separate sheet.			Total	

Payment Information

Annual Membership Fee

	Membership Fee	Payment Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Discount (If Applicable)	Credit Card Number	Visa	MC	AmEx	Invoice (>25 units)
	Tax (Add 13% HST or 5% GST where applicable)	Expiry Date				
	Total	Cardholder's Name				

We hereby give permission to GateMaster Inc. or their Agent(s) to obtain at any given time a consumer or commercial credit report about me/us or the company, to contact references to obtain information about me/us or the company and to take any other reasonable steps necessary to assess this Membership Application, or for any amendment, renewal or extension of the membership.

Signature: _____

Please mail or fax this form to:
Fax: 902-475-3683
GateMaster Inc.
339 Herring Cove Road, Suite 208
Halifax, Nova Scotia, B3R 1V5