



List three IEOA Members with whom you are acquainted:

1. _____

2. _____

3. _____

Check the types of equipment you have, and add any special notes below:

- | | | | | | |
|--------------------------------------|------------------------------------|---------------------------------------|--------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Single Axel | <input type="checkbox"/> Tandem | <input type="checkbox"/> Truck | <input type="checkbox"/> Trailer | <input type="checkbox"/> Pup | <input type="checkbox"/> Quad |
| <input type="checkbox"/> Slinger | <input type="checkbox"/> Bins | <input type="checkbox"/> Flatdeck | <input type="checkbox"/> Lowbed | <input type="checkbox"/> Backhoe | <input type="checkbox"/> Loader |
| <input type="checkbox"/> Skidsteer | <input type="checkbox"/> Bulldozer | <input type="checkbox"/> Mobile Crane | <input type="checkbox"/> Crane Truck | <input type="checkbox"/> Grader | <input type="checkbox"/> Excavator |
| <input type="checkbox"/> Compaction | <input type="checkbox"/> Crusher | <input type="checkbox"/> Screener | <input type="checkbox"/> Asphalt | <input type="checkbox"/> Sweeper | <input type="checkbox"/> Bobcat |
| <input type="checkbox"/> Water | <input type="checkbox"/> Concrete | <input type="checkbox"/> Camera | <input type="checkbox"/> Hydrovac | | |

Notes: _____

Recent projects or jobs worked on:

I hereby pledge this Company or Firm, through its representative, to support and promote the projects of the Island Equipment Owners Association for the general good and welfare of the construction industry and the membership as a whole.

X

Signature

Date

All applications for membership must pass one reading at the first Director's Meeting following receipt of application. Invoices will be sent out for payment of dues.

Please forward completed form to:
17 Cadillac Ave Suite 25,
Victoria, BC V8Z 1T3

Email: info@ieoa.ca