



Leeds & Grenville Approved Professionals Inc.

7-2211 Parkedale Avenue, Brockville, ON, K6V 6B2

Membership Services: Membership@LGApproved.ca
 Tel: 613-865-8999 www.LGApproved.ca

Member Application Form:

The Following information must be submitted to the LG Approved Professionals Office through email or mail before you will become a Fully Approved Member.

1. **Copy of all Certification Documents (WSIB, Education, Certificates, etc.)**
2. **Copy of all Proof of Insurance**
3. **Copy of all Business/Professional Licenses**
4. **Three (3) recent Customer References, from jobs completed**
5. **Two (2) Trade References of trades, suppliers or other company affiliates**
6. **Signed copy of the Code of Conduct, Anti-Spam and Completed Application**
7. **Selected Terms & Payment**

Your enrolment in the **LG Approved Professionals** program will be considered "Pending" until the Following Criteria has been supplied in complete form and our review and validation process has been completed.

Section 1 - Company Information

Business Category / Type of Services:	<i>*Heading for LG Approved Category</i>		
Company Name:			
Registered Business Owner Name:			
Email:			
Website :			
Phone Numbers:	Office:		
	Other:		
Mailing Address:			
	City:	Postal Code:	
Year Established:			
Division Selection for Participation:	<input type="radio"/> Southern Division (Brockville) <input type="radio"/> Northern Division (Kemptonville) <input type="radio"/> Western Division (Gananoque) <input type="radio"/> All Divisions		

Section 2 – Your Professional Contact Information **If different from Above Information*

Full Name:			
Primary Phone:			
Mailing Address: <i>(if Different from above)</i>			
	City:	Postal Code:	

Section 5 – Company Reference

Please provide us with references from Two (2) Businesses / Suppliers that you have completed work with in the past 12 months. Please refrain from using family members.

Reference #1	Name: _____ Phone: _____ Email: _____ Affiliation: _____ Year(s) Affiliated : _____ Comments: _____ <input type="radio"/> Reference Aware of Application? Y or N <input type="radio"/> Is there a Letter of Reference attached? Y or N
Reference #2	Name: _____ Phone: _____ Email: _____ Affiliation: _____ Year(s) Affiliated : _____ Comments : _____ <input type="radio"/> Reference Aware of Application? Y or N <input type="radio"/> Is there a Letter of Reference attached? Y or N

**Names & Contact information only required – Member Services will contact References as required.*

***If more space is required, please attach Long Form References to End of Application, as required.*

Section 6 – Insurance Information

(Complete as Applicable to your Profession)

Insurance	Type of Insurance: _____ Insurance Company: _____ Policy Number: _____ Phone: _____ Comments: _____ _____
Do you have additional Insurances or Coverages? <input type="radio"/> YES or <input type="radio"/> No Comments: _____	
<p><i>*We accept the following copies as proof of insurance, 1 will suffice.</i></p> <p><i>i) Certificate of Insurance (C.O.I.)</i></p> <p><i>ii) Letter from Insurance company: Policy #, Coverage(s), Expiry & Maturity dates, Policy Holder Name</i></p> <p><i>iii) Copy of Insurance Policy</i></p>	
WSIB Number:	_____
Do you have workers compensation Coverage? <input type="radio"/> YES or <input type="radio"/> NO Comments: _____	

Section 7 – Professional Certifications / Education / Affiliations

(Complete as Applicable to your Profession)

Please provide us with proof of applicable Trade/Professional Certifications, Education , Affiliations

Examples: BCIN, Master Licenses, Tarion Warranty, College / University, Professional Memberships.

(A)	Type: _____ Via : _____ ID / #: _____ Contact: _____ Additional Info: _____ _____
(B)	Type: _____ Via : _____ ID / #: _____ Contact: _____ Additional Info: _____ _____
(C)	Type: _____ Via : _____ ID / #: _____ Contact: _____ Additional Info: _____ _____
(D)	Type: _____ Via : _____ ID / #: _____ Contact: _____ Additional Info: _____ _____

***Ensure Copies of all Certificate/Education/Affiliation documents are attached to your Application.**

Section 8 – Code of Conduct Agreement

As a **Leeds & Grenville Approved Professionals** member I have read the following Code of Conduct and agree to follow and adhere to the best of my abilities. This is a General Code of Conduct, for all Professionals to follow while serving the public of Leeds and Grenville.

- Service the clients with courtesy & respect.
- Maintain a clean, safe workplace.
- Present yourself in a tidy, clean & professional manor.
- Provide written quotes / estimates that are honest, accurate and accountable.
- Communicate project status with client on regular basis and upon modification.
- Complete work to an acceptable professional industry standard.
- Ensure all employees are trained to complete tasks assigned and to ensure a safe working environment.
- Maintain Insurances and comply with all relevant Regulations.
- Comply with all Municipal By-laws and Regulations.
- Encourage the use of LG Approved Professionals.

X _____
Signature

Date

****MUST be signed to be considered a Complete Application***

Section 9 – Revocation of Rights

I Understand that my failure to adhere to the guidelines in the Leeds & Grenville Approved Professionals “Code of Conduct” will result in my removal from the Leeds & Grenville Approved Professionals Program.

I understand that if, for any reason my company’s Leeds & Grenville Approved certification is revoked or cancelled, the company has 15 days to cease and desist on all usage of the LG Approved Logo, references to all affiliations and services. Failure to do so will result in possible legal actions.

X _____
Signature

Date

****MUST be signed to be considered a Complete Application***

**Section 10 – Profile Information for LG Approved Members
All Members are showcased via Social Media**

1. What year was your Company established? _____

2. How many years has the owner of the company been active in your Primary Trade / Profession?

3. As the Authorized LG Approved Member, what is your official title with the company?

4. Do you have a company motto or slogan? If so, please provide.

5. Can you provide us with a Bio or one paragraph write-up that you would like to see on the website that BEST describes your company in its Approved Category?

6. Please Ensure you provide us with the following, as available:

<input type="checkbox"/> Company Logo	<input type="checkbox"/> Photo of Office / Building / Store Front
<input type="checkbox"/> Professional Head Shot	<input type="checkbox"/> 1 or 2 Portfolio Photos of on the Job

You can view the Existing LG Approved Member Profiles on our Website at:
<http://lgapproved.ca/member-profiles/>

****Please send Email with Requested Digital Materials at Earliest Convenience.***

Section 11 – Space for Additional Information

<p>Addition Info 11a: For Section: _____ Brief Description:</p>	<hr/> <hr/> <hr/> <hr/>
<p>Addition Info 11b: For Section: _____ Brief Description:</p>	<hr/> <hr/> <hr/> <hr/>
<p>Addition Info 11c: For Section: _____ Brief Description:</p>	<hr/> <hr/> <hr/> <hr/>
<p>Addition Info 11d: For Section: _____ Brief Description:</p>	<hr/> <hr/> <hr/>
<p>Addition Info 11e: For Section: _____ Brief Description:</p>	<hr/> <hr/> <hr/> <hr/>
<p>Addition Info 11f: For Section: _____ Brief Description:</p>	<hr/> <hr/> <hr/>

Section 12 – Consent to Email for Anti-Spam Compliance

As per the Canadian Anti-Spam Legislation, I give my consent to the Leeds & Grenville Approved Professionals Program to communicate with me electronically. I understand that my consent may be withdrawn at any time by emailing the Leeds & Grenville Approved Professionals Program.

Principal First Name: _____

Principal Last Name: _____

Principal email address: _____

Principal Signature: _____

Date: _____

If you have Additional Employee's or Business Contacts within the Company that wish to also receive Updates, Information and/or Event Details, please list them below with Authorization Initials.

(2) Additional email address:

Initial: _____

(3) Additional email address:

Initial: _____

(4) Additional email address:

Initial: _____

****This Consent will be required from ALL STAFF MEMBERS that wish to received updates and emails.***

***** This Consent will be required to be signed on an Annual Basis, at time of renewal.***

