



**Membership Application Form**

Full (legal) Company \_\_\_\_\_

Contact \_\_\_\_\_

Complete Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

**Required document check-list:**

- Cheque for \$225.75 (\$200 plus GST plus PST)
- 2 copies of the signature pages of the Membership Agreement
- Corporate List of Officers
- NEQ# (Quebec Enterprise number) \_\_\_\_\_

**OR** the incorporation # \_\_\_\_\_  
(if you do not have an NEQ#)

\*\*\*On what date did your company start distributing oil products in Quebec? \_\_\_\_\_

**Person responsible for the payment of EHCs:**

Contact \_\_\_\_\_

Telephone \_\_\_\_\_ Extension \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Check the applicable product(s) that you will report:**

- |  |                          |                               |
|--|--------------------------|-------------------------------|
| Lubricating oils covered by the Regulation               | <input type="checkbox"/> | estimated annual volume _____ |
| Containers of 50 litres or less (total capacity)         | <input type="checkbox"/> | estimated annual volume _____ |
| Filters of less than 8 inches/203mm ( <b>in length</b> ) | <input type="checkbox"/> | estimated annual volume _____ |
| Filters of 8 inches/203mm ( <b>in length</b> ) or more   | <input type="checkbox"/> | estimated annual volume _____ |
| Aerosol containers (units)                               | <input type="checkbox"/> | estimated annual volume _____ |

**Please mail this Membership Application Form, along with all required Membership documents as outlined on the checklist above, to:**

**SOGHU  
1101 Brassard Blvd. Suite 214,  
Chambly, QC, J3L 5R4**