**WACCA LEADERS UNDER 40**

PARTICIPANT APPLICATION FORM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I am aged 39 years old or under at the time of this application

I understand that the WACCA Leaders Under 40 is an established group of like-minded professionals operating in the interior systems unionized contracting business, and that the group operates within the framework of the Walls and Ceilings Contractors Association of Ottawa. I will advise the leadership of the group upon my 41st birthday, or thereabouts within reason, so that the group may replace my position in the group with a successor. I will support and uphold the mission of the group, the rules and the code of conduct developed by the group, but, at all times, with the understanding that I represent the Walls and Ceilings Contractors Association of Ottawa (WACCA). I agree by signing below, to hold harmless the Walls and Ceilings Contractors Association of Ottawa directors for any activities or initiatives of the group, or in the singular, and that I may be expelled from the group based on an infraction of the code of conduct and majority vote of the group leadership in recommendation to the Board of Directors of the Walls and Ceilings Contractors Association of Ottawa

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN THIS FORM TO derek@waccaottawa.ca**