

TEC SMALL BUSINESS PROGRAM MEMBER AGREEMENT TSB _____

Chair: _____

This is the Membership Agreement (the “Agreement”) between T.E.C. (The Executive Committee) Ltd. (“TEC”), an Alberta Corporation, and

Company Name (the “Member Company”)

Name of Participant (the “Member”)

Name of Authorized Signatory

Member Title

The start date of this Membership Agreement is the first day of _____.

I, the Member, accept during the period of membership, that I have read, understand, and agree to be bound by the terms and conditions of this Membership Agreement as follows:

- Participate in ten (10) full-day meetings per year, held bi-monthly, where I will contribute my skills and knowledge to assist my fellow participants.
- Participate in ten (10) one (1) hour one-to-one meetings per year with my TEC Chair.
- Complete monthly Executive Session, Speaker, and one-to-one evaluations via the TEC Canada App.
- Provide written notice of cancellation and payment ninety (90) full days prior to exit date. For cancellation notifications received prior to the first of the month, the first full month will count towards the ninety (90) days.

per, (signature of Member)

Date

We, the Member Company, agree to be bound by the terms and conditions as follows:

- To pay the annual program fee of \$14,400.00 billed quarterly at \$3,600.00 (\$1,200.00 per month) + applicable taxes. The program fees are payable on the first day of each month for which they are due.
- To pay the enrollment fee of \$495.00 + applicable taxes.
- To pay for the additional optional one-to-one meetings at \$ 175.00 per hr. _____ hours per month.
- Provide written notice of cancellation and payment ninety (90) full days prior to exit date. For cancellation notifications received prior to the first of the month, the first full month will count towards the ninety (90) days.
- Rates may be subject to an annual increase. This agreement shall be governed by and construed in accordance with the laws of the Province of Alberta.

per, (Authorized Signatory)

Date

Nominated or Referred by

MEMBER CONTRACT INFORMATION - Group No _____

MEMBER INFORMATION ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof Last _____ First _____

Internal Use Only _____

Program Type _____ Program Add On _____

Member Job Title _____ Nominated by _____

Member Start Date _____ Chair Name _____

Member Company Name _____

Name of Company Authorized Signatory _____

For KEY members only - Is CEO in TEC _____ CEO Name _____

COMPANY INFORMATION

Address _____ City _____ Province _____ Postal code _____

Business phone _____ Cell phone _____ Preferred contact number? _____

Preferred email _____ Personal email _____

Assistant name _____ Assistant email _____

Assistant phone _____

Company Description

SIC/NAICS code _____

Is this a public company? _____

Annual sales _____ Number of employees _____ Website _____

SHIPPING INFORMATION (if different from above)

Company _____

Address _____ City _____ Province _____ Postal code _____

ADDITIONAL MEMBER CONTACT INFORMATION

Home address _____ City _____ Province _____ Postal code _____

Home phone _____ Date of birth _____

Emergency Contact _____ phone no _____

BILLING & PAYMENT FORM

Members are required to provide a 90 day* written notice of cancellation of membership or if applicable, optional one-to-one services to TEC Canada. Pre-payments are refundable on a pro-rated basis. Enrollment fee is non-refundable upon member activation. Rates may be subject to an annual increase.

BILLING INFORMATION

Legal Company Name/Number: _____

Billing Address: _____ City: _____ Province: _____ Postal Code: _____

ACCOUNTS PAYABLE INFORMATION

Contact Name: _____ Email: _____

Direct Business Phone: _____

PAYMENT METHODS

Indicate your preferred payment method and provide required information.

I hereby authorize TEC Canada to charge my method of payment : ☐ Monthly ☐ Quarterly

Credit Card (Visa or Mastercard only)

Card Number:

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Expiry Date:

--	--	--	--	--	--

CCV:

--	--	--	--

Cardholder's Name: _____

Auto-Debit*

Bank ID:

--	--	--	--	--

Transit ID:

--	--	--	--	--	--	--

Account No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Please include a copy of a void cheque with this form.

EFT

TEC bank account details and remittance information provided at the bottom of your invoice

Authorized Signature: **X** _____

Date: _____

Print Name: _____

Title : _____