

WCB Account Holder Activation Form

If you pay Worker's Compensation to one of the following three Alberta WCB categories; 50714, 50701 or 57901, you are an AMTA Safety Partner. We ask that you activate your status with us by completing this form allowing us to better communicate with you.

(Please PRINT clearly)

Primary Contact:			
Position:			
Company Name:			
WCB Account #:		Industry Code:	
Mailing Address:			
City:	Province:		Postal Code:
Phone:	Ext.:	Fax:	1800:
Email:		Website:	
Primary Contact Name:			
Secondary Contact Name:			

If the following information is different for the primary contact, please complete:

Mailing Address:			
City:	Province:		Postal Code:
Phone:	Ext.:	Fax:	1800:
Email:		Website:	

If you do not know your WCB account number you may contact the office. If your WCB account number is not in one of the three categories of membership, 50714, 50701, or 57901, you might consider joining the AMTA as a Member by paying a membership fee. For details please contact the Calgary office for Peter Vaudry at: (403) 243-4161 Ext.3438 or Toll free at 1-800-267-1003 Ext. 3438.

Applicant's Signature

Date

APPLY ONLINE! Our website is: www.amta.ca

Please send completed form by:

Fax: (403) 243-4610

Email: peterv1@amta.ca

Or by mail to: Alberta Motor Transport Association
3660 Blackfoot Trail S.E.
Calgary, Alberta T2G 4E6