

# ACTRA

Dear ACTRA Partner,

## Re: The National Commercial Agreement – Letter of Continuance (LoC)

ACTRA and the Association of Canadian Advertisers (ACA) have negotiated a renewal NCA (National Commercial Agreement) which came into effect June 1, 2025.

By signing below, you confirm your agreement as follows:

Your company will continue to engage ACTRA members as a signatory to the National Commercial Agreement (NCA) for the terms and conditions of the renewed NCA between ACTRA and ACA on June 1, 2025 until May 31, 2026. These terms and conditions will continue to apply until a successor NCA Agreement is agreed to and ratified, or alternatively until some other agreement is negotiated.

A copy of the Memorandum of Agreement between ACTRA and ACA can be found [here](#). The updated 2025-2026 NCA Rates can be found [here](#).

Notwithstanding any provisions of the NCA, the Letter of Continuance is only valid and binding between ACTRA, ACA and your agency. It will not apply to any of your affiliates, subsidiaries or any place of business of your agency. You will not work with an entity that is not a client of your company or perform work on behalf of any entity that ACTRA deems as part of the current labour dispute. This includes work for, or on behalf of any entity that ACTRA determines is an engager involved in the lockout as well as any business, corporation, or entity that ACTRA determines is a related employer or an entity created to assist in engaging ACTRA Performers during a work disruption. Prior to engaging any ACTRA Performer you will provide ACTRA with all information set out in the NCA to ACTRA in a timely manner, as well as information regarding the client for whom you are engaging ACTRA Performers, and any agencies involved in the commercial.

Thank you for being a continued partner with ACTRA!

Sincerely,



Eleanor Noble  
ACTRA National President  
Chair, Negotiating Committee



Marie Kelly  
ACTRA National Executive Director  
Lead Negotiator

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TEL: \_\_\_\_\_

SIGNED ON BEHALF OF:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TYPE NAME AND TITLE

\_\_\_\_\_  
DATE (DAY/MONTH/YEAR)