



Canadian Institute of Steel Construction
3760 14th Avenue, Suite 200, Markham, ON, L3R 3T7
Phone: 905-946-0864 • Fax: 905-946-8574
www.cisc-icca.ca

Application for Associate Erector Membership

Name of Company: _____

Mailing Address:

Street or P.O. Box City Province Postal Code

Street Address: (if different from above) _____

Telephone: _____ Fax: _____

E-mail Address: _____ Web Site: _____

Year Company Founded: _____

Specializing in: Buildings: [] Bridges: [] Platework: [] OWSJ: []

CWB Certification to Requirements of CSA Standard W47.1

Division 1 [] or 2 []
(Please check one and insert date)

Date on Letter of Validation: _____

REFERENCES:

Two CISC Fabricator or Mill Members who have used the Applicant's Services:

- 1. Company Name Name of Contact City
2. Company Name Name of Contact City

On behalf of the Company:

I make application for Associate Erector Membership in the Canadian Institute of Steel Construction
this _____ day of _____, 20 _____

I/we are prepared to abide by the CISC By-laws in effect or to be enacted if we are accepted as an Associate Erector Member.

Name: _____

Title: _____

Signature: _____

Confidentiality:

CISC values and protects your privacy. You may view our Privacy Statement at: www.cisc-icca.ca/privacy.

Please return to: CISC Membership Department at membership@cisc-icca.ca.



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Annual Dues

(Not part of a CISC Fabricator), 0.001 times their annual gross sales but not less than \$1000 and not more than \$10000 annually. Initial dues are paid to cover the cost of joining the CISC. Invoices for annual dues will be sent on the 1st of July and each year thereafter. Please submit payment with the Application.

Cheque enclosed: Annual dues \$ _____ + GST/HST \$ _____ = \$ _____
GST/HST Reg. No.100766492RT

Or Payment by [] Master Card [] Visa

Card Number _____ Expiry Date: _____

Signature: _____

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