



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 Supplier 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: _____

Materials Supplied to CISC Fabricator or Mill Members:

Reference:

A CISC Fabricator or Mill Member which uses the Applicant's materials:

Name of CISC Fabricator or Mill Member Company Name of Contact City

On behalf of the Company:

I make application for Associate Supplier Membership in the Canadian Institute of Steel Construction
this _____ day of _____, 20 _____. Please check appropriate box below.

Each membership application is for one location. This location can be listed in:

- One region
Two regions
Half country (either Western or Eastern Canada)
National listing

I/we are prepared to abide by the By-laws in effect or to be enacted if we are accepted as an Associate Supplier 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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Membership Requirements

- Suppliers of materials, products and services used in the fabrication and erection of steel structures are invited to apply for CISC Associate Membership.
Multi-location firms should note that:
membership is conferred on the location applying for membership, only;
other locations are welcome to apply.
Each application must include the name of a CISC Fabricator or Mill Member which has used the applicant's materials and have found these products to be satisfactory.
An Application Form is attached.

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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