

Application for CISC Associate National Supplier

Scope Criteria

A Canadian or International multi-office firm or corporation that provides products or services used in the design, fabrication and/or erection of steel structures for the Canadian steel construction industry is eligible to apply.

Name of Company: _____

Website: _____

Chief Contact Name(s): _____

Telephone: _____

Email: _____

Accounts Payable Contact Name: _____

Telephone: _____

Email: _____

Products or Services Supplied to CISC Members:

Reference:

A CISC Member which uses the Applicant's Products or Services:

Company Name, City	Contact Name	Email

Dues:

Associate National Supplier: \$10,200.00 + applicable GST/HST/QST

*Initial dues are paid to cover the cost of joining the CISC and based on our fiscal year which runs from May– April. Renewal fee will be invoiced in May of each year. Please contact us to determine the prorated fee amount to submit with this application.

Cheque

Master Card

Visa

Card Number _____ Expiry Date: _____

CVV #: _____ Signature: _____

GST/HST Reg. no 100766492RT, QST no 1203085903TQ0001

Agreement:

On behalf of the company and as an authorized signing authority, I make application for CISC Associate as a National Supplier in the Canadian Institute of Steel Construction. By signing this application, I confirm that the above-mentioned information is correct. We also consent to communication by any platform or method from the CISC or our partners and the posting or printing of our company name and address by the CISC should we be accepted. We also accept to abide by the CISC By-laws and Policies in effect now or in the future as set by the CISC.

Name: _____

Title: _____

Signature: _____

Date: _____

Confidentiality:

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

Please return to: services@cisc-icca.ca

Please fill out the following information or attach a list of each location with the information requested below. Copy this form for additional locations.

Primary Contact Name for CISC matters: _____
Address: _____
Telephone: _____ E-mail Address: _____

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