

Application for CISC Associate North American Steel Mill Producer

Scope Criteria

A firm or corporation which carries on in North America the manufacture, production and distribution of steel used in the fabrication of Canadian steel structures.

Name of Company: _____

Plant Address:

Street: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Website: _____

Mailing Address: (if different from above)

Street or P.O. Box: _____

City: _____

Province: _____

Postal Code: _____

Principal Owner(s) Name(s): _____

Telephone: _____

Email: _____

Primary Contact Name for CISC matters: _____

Title: _____

Telephone: _____

Email: _____

Accounts Payable Contact Name: _____

Telephone: _____

Email: _____

Year of company founded: _____

Total number of locations: _____

Total number of sales offices (not included in above): _____

Principal type of business engaged in:

List of products relative to steel fabricating:

Agreement:

On behalf of the company and as an authorized signing authority, I make application for CISC Associate as a North American Steel Mill Producer 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: _____

Becoming an Associate in the Canadian Institute of Steel Construction (CISC) shall be available only to any business that meets the qualification requirements as defined in the CISC By-Laws and Policies. The CISC Board of Directors may, in its sole discretion, admit or deny the application. All decisions by the Board shall be final and binding without the need to give any reasons for the acceptance or rejection of any application.

Please fill out the following information or attach a list of each location with the information requested.

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

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Telephone: _____ E-mail Address: _____

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Telephone: _____ E-mail Address: _____

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Telephone: _____ E-mail Address: _____

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Address: _____
Telephone: _____ E-mail Address: _____

Confidentiality:

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

Please return to: ciscapplication@cisc-icca.ca