

## Canadian Galvanizing Institute (CGI-IGC)

### Application Form

#### Name of Applicant

First Name

Last Name

#### Name of Company

Full Registered Name

Abbreviated Name (if applicable)

#### Address

Street Address

Street Address Line 2

City

Province

Postal Code

#### Email

example@example.com

#### Phone Number

Please enter a valid phone number

#### Membership Type: See Fee Categories Listing (scroll with the arrow)

#### Please indicate the benefits you are interested in

<input type="checkbox"/> Committees	<input type="checkbox"/> Research
<input type="checkbox"/> Professional development / resources	<input type="checkbox"/> Industry events & Conferences / Networking
<input type="checkbox"/> Subscription to newsletters or publications	<input type="checkbox"/> Volunteer opportunities
Other, please specify: _____	

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#### Additional Information

How did you hear about us?

Why are you interested in joining our association?

Do you have any special skills or interests you would like to contribute as a member?

Any other comments or questions?

#### Declaration

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that membership approval is at the discretion of the association and may be subject to review.

#### Signature

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First & Last Name

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Signature

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Date (MM/DD/YYYY)

**Please save the completed form and email it to [info@cgi-igc.com](mailto:info@cgi-igc.com)**