

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
<input type="checkbox"/> 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

First & Last Name

Signature

Date (MM/DD/YYYY)

Submit