Head Office and Administration

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Pickering, ON L1V 1C3

Telephone: (905) 839-0073

Fax: (905) 839-7085

[www.ocni.ca](http://www.ocni.ca)

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**OCNI Supporting Member**

**Application Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  |  |  |  |  |  |
| **Incorporated Company Name:** |  |
| **Business ID Number:** |  |
| **Address:** |  |
| **City:** |  | **Province:** |  | **Postal Code:** |  |
|  |  |  |  |  |  |
| **Company Representative:** |  | **Title:** |  |
| **Telephone** *(and ext.)*: |  | **Fax:** |  |
| **Email:** |  | **Website:** |  |
|  |  |  |  |  |  |
| □ | **Please check here if you would like to be included on our OCNI Members mailing list***. Our mailings may include bi-weekly newsletters, industry announcements, event invitations and other information deemed of interest to the Nuclear Industry. We respect the confidentiality of this information and will not pass on your email details to any other person or institution. You may unsubscribe from this service* ***anytime*** *by emailing* [**hello@ocni.ca**](file:///C%3A%5CUsers%5Cuser%5CDownloads%5Chello%40ocni.ca)*.**Please indicate if there are any additional members of your organization that wish to be included in our mailings.* |
| **Consent Given** | **First & Last Name** | **Title** | **Email Address** |
| □ YES |  |  |  |
| □ YES |  |  |  |
| □ YES |  |  |  |
|  |  |
| **Description of your interest in the Canadian nuclear industry** *(not less than 150 words)***:** |
|  |
| ***OCNI Supporting Membership Fee Structure continued on Page 2*** |

##

## **Supporting Membership Fee Structure**

**October 1, 2023– September 30, 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualifications** | **Annual Membership Fee** | **Initiation Fee (+ 13% HST)** |  |
| Not for Profit Business Associations and Educational Institutions | $1,320 | $ 220 | □ |

*Please note, returning members from three years or older must pay the initiation fees.*

*OCNI Supporting Members enjoy all the rights and privileges of OCNI Full Members except they are not eligible to hold a position on the OCNI Board of Directors or vote at the Annual General Meeting of Members.*

|  |
| --- |
|  |
| Name: |  |
| Title: |  |
|  |  |
| Signature of Authorized Office: |  |
| Date: |  |

Please complete this form and return it by email to hello@ocni.ca

Payment must be received within 30 days of Receipt of Membership Invoice for members to be in good standing.