

Head Office and Administration 1550 Kingston Road, Suite 219 Pickering, ON L1V 1C3 Telephone: (905) 839-0073

Fax: (905)839-7085 www.ocni.ca

OCNI Full Membership Application Form

Date:						
Incorporated Co	mpany Name:					
Business ID Nun	aber:					
Canadian Addre	ess: _					
City:		Province:		Postal Code	: <u> </u>	
Company Repre	sentative:_		Title:			
Telephone (and ext.):		Fax:				
Email:		Website:				
Please i	on. You may unsubscribe from	onal members of your organ	nization that wish to be		nailings.	
Consent Given	First & Last Name	Title	Email Addr	ess		
□ YES						
□ YES						
□ YES						
Description of ve	our Nuclear Business (not	loss than 150 words).				
Description of yo	Jui Nuclear Business (not	tess than 150 words).				
Is your company controlled or materially subsidized by a government authority?				□ Yes	□ No	
Are you a suppli	er or potential supplier to	□ Yes	□ No			
Do vou have a po	ermanent Canadian estab	□ Yes	□ No			

OCNI Membership Fee Structure continued Page 2



Membership Fee Structure October 1, 2024– September 30, 2025

Level	Qualifications	Member Fee	Initiation Fee (+ 13% HST)	
Level 1	Sole Proprietor/Sole Consultant	\$ 610	\$ 100	
Level 1 INB	Sole Proprietor/Sole Consultant: Indigenous Nuclear Businesses (INB)**	\$390		
Level 2	Sales* less than \$1 million/a	\$ 1,390	\$ 220	
Level 2 INB	Sales* less than \$1 million/a: Indigenous Nuclear Businesses (INB)**	\$1,100		
Level 3	Sales* between \$1 and \$5 million/a	\$ 3,100	\$ 575	
Level 4	Sales* between \$5 and \$10 million/a	\$ 5,040	\$ 850	
Level 5	Sales* between \$10 and \$15 million/a	\$ 7,090	\$ 1,350	
Level 6	Sales* greater than \$15 million/a	\$ 10,960	\$ 2,220	

*based on combined total of 100% of Canadian nuclear related sales plus 50% of historic international nuclear related sales of the applicant company and its parent company and/or affiliates.

I,, certify that the	, certify that the company has historic combined (Canadian and				
International) annual nuclear-related sales between \$	M and \$M.				
For Indigenous Nuclear Businesses (INB), I,	, certify that the business is 51% or more				
owned and controlled by an Indigenous person(s).					
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.

^{**}Indigenous Nuclear Businesses (INB) that are 51% or more owned and controlled by an Indigenous person(s)
Please note, returning members from three years or older must pay the initiation fees.