

OCNI Supporting Member International 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.*

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
<input type="checkbox"/> YES			
<input type="checkbox"/> YES			
<input type="checkbox"/> YES			

Description of your Nuclear Business (not less than 150 words):

Outline of your interest in the Canadian Nuclear Market and how your membership in OCNI will enhance OCNI's purpose of promoting a healthy nuclear industry in Canada for the benefit of its members:

OCNI Membership Fee Structure continued Page 2

International Membership Fee Structure

October 1, 2024 September 30, 2025

Level	Qualifications		Initiation Fee
Level 1	Sales* less than \$1 million/a	\$1,390	\$ 220
Level 2	Sales* between \$1 and \$5 million/a	\$3,100	\$ 575
Level 3	Sales* between \$5 and \$10 million/a	\$5,040	\$ 850
Level 4	Sales* between \$10 and \$15 million/a	\$7,090	\$ 1,350
Level 5	Sales* greater than \$15 million/a	\$10,960	\$ 2,220

**based on historic worldwide nuclear related sales*

OCNI Supporting Members- International 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.

I, _____, certify that the above company has historical annual global nuclear related sales between \$ _____M and \$ _____M.

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.