Canadian Institute of Steel Construction
445 Apple Creek Blvd., Suite 102, Markham, ON L3R 9X7
Phone: 905.604.3231
www.cisc-icca.ca

Application for CISC Associate U.S. Steel Mill Producer

Scope Criteria
A firm or corporation which carries on in United States the manufacture, production and distribution of steel used in the fabrication of Canadian steel structures.

Name of Company: _____

Plant Address:
Street: _____
City: _____
Province: _____
Postal Code: _____
Telephone: _____
Website: _____

Mailing Address: (if different from above)
Street or P.O. Box: _____
City: _____
Province: _____
Postal Code: _____

Principal Owner(s) Name(s): _____
Telephone: _____
Email: _____

Primary Contact Name for CISC matters: _____
Title: _____
Telephone: _____
Email: _____

Accounts Payable Contact Name: _____
Telephone: _____
Email: _____

Year of company founded: _____
Total number of locations: _____
Total number of sales offices (not included in above): _____

Principal type of business engaged in:

_____

List of products relative to steel fabricating:

_____

_____

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Agreement:

On behalf of the company and as an authorized signing authority, I make application for CISC Associate as a US Steel Mill Producer in the Canadian Institute of Steel Construction. By signing this application, I confirm that the above-mentioned information is correct. We also consent to communication by any platform or method from the CISC or our partners and the posting or printing of our company name and address by the CISC should we be accepted. We also accept to abide by the CISC By-laws and Policies in effect now or in the future as set by the CISC.

Name: _____

Title: _____

Signature: _____

Date: _____

Becoming an Associate in the Canadian Institute of Steel Construction (CISC) shall be available only to any business that meets the qualification requirements as defined in the CISC By-Laws and Policies. The CISC Board of Directors may, in its sole discretion, admit or deny the application. All decisions by the Board shall be final and binding without the need to give any reasons for the acceptance or rejection of any application.

Please fill out the following information or attach a list of each location with the information requested.

Primary Contact Name for CISC matters: _____

Address: _____

Telephone: _____ E-mail Address: _____

Primary Contact Name for CISC matters: _____

Address: _____

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Address: _____

Telephone: _____ E-mail Address: _____

Primary Contact Name for CISC matters: _____

Address: _____

Telephone: _____ E-mail Address: _____

Primary Contact Name for CISC matters: _____

Address: _____

Telephone: _____ E-mail Address: _____

Confidentiality:

CISC values and protects your privacy. You may view our Privacy Statement at http://www.cisc-icca.ca/privacy-policy

Please return to: services@cisc-icca.ca