



The Voice Of Independent Canadian Laboratories
La voix des laboratoires indépendants canadiens

MEMBERSHIP APPLICATION

Corporate Member

Associate Member

CORPORATE PROFILE

1. Name of Firm: _____

Mailing Address:

Street Address:

Contact Person: _____ Title: _____

Tel: _____ Fax: _____ E-Mail: _____

2. The firm is a sole proprietorship partnership corporation

Date of commencement of operations _____

3. Percentage of firm held by other corporations, partnerships or non-employee individuals:
_____ % **(If 50% or more, please provide details in cover letter)**

4. Does the firm or its principals hold a majority interest in any other consulting, inspection or testing firm? Yes No **(If yes, please provide details in cover letter).**

5. Is 25 % or more of your business for clients with a financial or other vested interest in your firm? Yes No **(If yes, please provide details in cover letter).**

6. Indicate whether the firm or its principals are associated with any of the following institutions or firms:

Academic Government Industry Manufacturing Other CCIL member Firm Other non-Member Consulting, Testing and Inspection Firms
 Trade Group

(Check where applicable and provide pertinent details of affiliation in cover letter)

7 List executive officers and full-time professionals (**please attach C.V.**)

Name	Title	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are the executive officers listed above engaged full-time in the operations of the firm
[] Yes [] No

If not, what proportion of their time do executive officers spend on operations of the firm?

Officer	% time
_____	_____
_____	_____

8. List branch laboratories and/or offices:

Name of Firm (Branch)

Address

Contact Person _____ Title _____

Tel: _____ Fax: _____ E-Mail: _____

Name of Firm (Branch)

Address

Contact Person _____ Title _____

Tel: _____ Fax: _____ E-Mail _____

Name of Firm (Branch) _____

Address _____

Contact Person _____ Title _____

Tel: _____ Fax: _____ E-Mail _____

9. Is each branch owned in full by the same owners as the primary operation? [] Yes [] No
(If no please explain in cover letter)

Is any branch operated as a separate corporate entity? [] Yes [] No **(If yes please explain in Cover letter)**

10. Number of employees based on monthly payroll average for the 12 months prior to this application (including all part-time, full-time, temporary and permanent professional, technical, administrative and clerical staff) _____

11. List professional memberships, affiliations, qualifications, certifications and/or accreditations held by firm or staff members.

FACILITIES

12. Head office Location: size in m² of office space _____; laboratory _____; storage; _____ other _____

Branch location(s):

_____ size in m² of office space _____; laboratory _____; storage; _____ other : _____

_____ size in m² of office space _____; laboratory _____; storage; _____ other _____

_____ size in m² of office space _____; laboratory _____; storage; _____ other _____

_____ size in m² of office space _____; laboratory _____; storage; _____ other _____

SCOPE OF SERVICES

13. Describe briefly the consulting, testing and inspection services offered by your firm.

What proportion of your business volume is represented by these services [] 100% [] Less than 100%

If less than 100%, what other services does your firm provide

What proportion of your business volume do these other services represent?
_____ %

What proportion of your business do field and laboratory testing represent?

_____ %

Does your firm have the necessary equipment to provide all these services? [] Yes [] No

What percentage of your work is subcontracted? _____ %

REFERENCES

14. List one CCIL member sponsor **or** three client references who may be contacted by CCIL.

Company:	City	Contact Person	Tel:
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DIVISION

15. Indicate only one primary and any additional divisions under which you wish to be included.

Primary	Additional		
Construction Materials & Geotechnical	{ }	{ }	{ }
Environmental/Analytical Chemistry	{ }	{ }	{ }
Conformity Assessment	{ }	{ }	{ }

REGION

16. Please indicate the region(s) under which you wish to be included:

	Head Office	Branches
Western (B.C., Alberta, Saskatchewan, Manitoba)	{ }	{ }
Central (Ontario, Quebec)	{ }	{ }
Eastern (N.B., N.S., P.E.I., Nfld.)	{ }	{ }

DELEGATES

17. List company representatives delegated to attend meetings and eligible to hold office:

AGREEMENT

I have read the Summary of Conditions of CCIL Membership and the Schedule of Dues and agree that the information given in this application is true and correct as of the date of application; that the applicant firm will adhere to all the requirements of the Summary of Conditions of CCIL Membership; and that the applicant firm will accept the decision of the Board of Directors with respect to this application

Name of authorized Officer _____ Title _____

Signature _____ Date _____

Dues for the full year are to be submitted with membership application together with the required administration fee (see attached Schedule of Dues). Adjustment will be made on the following year's dues depending on the number of months between start of membership and end of CCIL fiscal year.

Cheque covering annual dues + **applicable GST** in the amount of \$ _____ is enclosed.

Include the following with completed membership application:

Cover letter, as required Curricula Vitae Brochures

Cheque Separate sheets as required

MAIL TO:

CANADIAN COUNCIL OF INDEPENDENT LABORATORIES
P.O. Box 41027
Ottawa, Ontario K1G 5K9

FOR OFFICE USE ONLY

VERIFIED BY:

REFERENCES CHECKED BY:

DATE : _____ **BY:** _____

APPROVED ON: _____ **COMPANY NOTIFIED ON:** _____