

Corporate Membership Application Form

Name of firm			
Address			
Mailing address (if different from above)			
Contact person and title			
Telephone			
Email			
The firm is a Sole proprietorship Partnership Corporation			
Date of commencement of operations			
Percentage of firm held by other corporations, partnerships, or non-employee individuals. If more than 50%, please provide details in cover letter			
Does the firm or its principals hold a majority interest in any other consulting, inspection, or testing firm? If yes, please provide details in cover letter. Yes No			
Is 25% or more of your business for clients with a financial or other vested interest in your firm? If yes, please provide details in cover letter. Yes No			
Indicate whether the firm or its principals are associated with any of the following institutions or firms. Please check all that apply and provide pertinent details of affiliation in cover letter. Academic Government Industry Manufacturing Other CCIL member firm Other non-member consulting, testing and inspection firms Trade group			
List executive officers and/or full-time professionals	Name	Title	Degree

CCIL National Office
Bureau chef CCIL

P.O. Box/C.P. 41027
Ottawa, Ontario K1G 5K9

Tel/Téléphone: 613.746.3919
Fax/Télocopieur: 613.746.4324
ccil@ccil.com
ccil.com

Are the executive officers or full-time professionals listed above engaged full-time in the operations of the firm? Yes No				
If not, what proportion of their time do the executive officers spend on operations of the firm?	Officer	% time		
List branch laboratories and/or offices	Name of firm (branch)			
	Address			
	Contact person			
	Title			
	Telephone			
	Email			
	Name of firm (branch)			
	Address			
	Contact person			
	Title			
	Telephone			
	Email			
	Name of firm (branch)			
	Address			
	Contact person			
	Title			
	Telephone			
	Email			
Is each branch owned in full by the same owners as the primary operation? If no, please explain in cover letter. Yes No				
Is any branch operated as a separate corporate entity? If yes, please explain in cover letter. Yes No				
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 and administrative staff)				
List professional memberships, affiliations, qualifications, certifications and/or accreditations held by the firm or staff members				
Facilities (square footage in m²)	Office space	Laboratory	Storage	Other
Head office location				
Branch location				
Branch location				
Branch location				

Branch location			
Scope of services – briefly describe 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 – list one CCIL member sponsor or three client references who may be contacted by CCIL.			
Company	City	Contact Person	Telephone
Division			
Indicate only one primary and any additional divisions under which you wish to be included			
	Primary	Additional	
Geotechnical and Construction Materials			
Environmental and Life Sciences			
Conformity Assessment			

Region – please indicate the region(s) in which you wish to be included	Head office	Branches			
Western (British Columbia, Alberta, Saskatchewan, Manitoba)					
Central (Ontario, Quebec)					
Eastern (New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland)					
Delegates – list company representatives delegated to attend meetings and eligible to hold office					
Agreement I have read the Conditions of Membership and the Schedule of Dues and attest that: <ul style="list-style-type: none"> - The information given in this application is true and correct as of the date of application - The applicant firm will adhere to the requirements of the Conditions of Membership and - The applicant firm will accept the decision of the Board of Directors with respect to this application. 					
<table border="1"> <tr> <td>Name of authorized officer and title:</td> </tr> <tr> <td>Date:</td> </tr> <tr> <td>Signature:</td> </tr> </table>			Name of authorized officer and title:	Date:	Signature:
Name of authorized officer and title:					
Date:					
Signature:					
<p>Dues for the full year are to be submitted with the membership application together with the required administration fee (as indicated in the Schedule of Dues). Adjustment will be made on the following year's dues depending on the number of months between start of membership and December 31.</p> <p>Cheque covering annual dues plus applicable GST/HST in the following amount is enclosed:</p>					
Include the following with your completed membership application:					
Cover letter, as required					
Resumes					
Brochures					
Cheque					
Separate sheets, as required					

Please email your complete application to: ccil@ccil.com and payment can be made via EFT, INTERAC e-transfer or cheque.

For office use only

Verified by:	
References checked by:	
Date:	Signature:
Approved on:	Company notified on: