

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 Supporting Member Application Form

Date:				
ncorporated Co	ompany Name:			
usiness ID Nun	nber:			
ddress:				
City:	_	<b>Province:</b>		Postal Code:
Company Repre	esentative:		Title:	
elephone (and e	<u>-</u>			
mail:	·			
institutio Please i	on. You may unsubscribe from  ndicate if there are any addition	this service anytime by enonal members of your orgo	mailing hello@ocni.c	be included in our mailings.
onsent Given	First & Last Name	Title	Email Add	dress
□ YES				
□ YES				
□ YES				
escription of yo	our interest in the Canadi	an nuclear muustry ( <i>n</i>	ioi iess inan 130 wo	nas):



## **Supporting Membership Fee Structure**

## October 1, 2024 September 30, 2025

Qualifications	Annual Membership Fee	Initiation Fee (+ 13% HST)	
Not for Profit Business Associations and Educational Institutions	\$1,390	\$ 220	

Please note, returning members from three years or older must pay the initiation fees.

OCNI Supporting Members 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.

Name:				
Title:				
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Signature of A	Authorized Office:			
Date:				

Please complete this form and return it by email to <a href="hello@ocni.ca">hello@ocni.ca</a>

Payment must be received within 30 days of Receipt of Membership Invoice for members to be in good standing.