

Head Office and Administration 1550 Kingston Road, Suite 219 Pickering, ON L1V 1C3 Telephone: (905) 839-0073 Fax: (905) 839-7085

903) 839-7083 www.ocni.ca

## OCNI Supporting Member Application Form

Date:				
Incorporated Co	mpany Name:			
<b>Business ID Nun</b>	nber:			
Address:				
City:		Province:		Postal Code:
Company Representative:			Title:	
Telephone (and ext.):		Fax:		
Email:		Website:		
Industry institutio	ewsletters, industry announcer . We respect the confidentiality on. You may unsubscribe from andicate if there are any addition	y of this information and w this service <u>anytime</u> by en	vill not pass on your enailing hello@ocni.co	_
<b>Consent Given</b>	First & Last Name	Title	Email Add	dress
□ YES				
□ YES				
□ YES				
Description of yo	our interest in the Canadia	an nuclear industry (ne	ot less than 150 wo	ords):

OCNI Supporting Membership Fee Structure continued on Page 2



## **Supporting Membership Fee Structure**

## October 1, 2025- September 30, 2026

Qualifications	Annual Membership Fee	Initiation Fee (+ 13% HST)	
Not for Profit Business Associations and Educational Institutions	\$1,460	\$ 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:		
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.