

Membership Application

APPLICANT

BUSINESS NAME:

STREET ADDRESS 1:

STREET ADDRESS 2:

CITY:

REGION/PROVINCE/STATE:

POSTAL CODE:

ORGANIZATION POC (POINT OF CONTACT):

POC PHONE NUMBER:

POC EMAIL:

BUSINESS LOCATION

PRIMARY BUSINESS LOCATION:

STREET ADDRESS 1:

STREET ADDRESS 2:

CITY:

REGION/PROVINCE/STATE:

POSTAL CODE:

IS THIS YOUR BUSINESS HEADQUARTERS? IF NO, PLEASE LIST THE LOCATION OF YOUR HEADQUARTERS:

PLEASE LIST OTHER BUSINESS LOCATIONS:

Membership Application

INDUSTRY INFORMATION

PLEASE LIST YOUR PRIMARY BUSINESS INDUSTRY:

AREAS OF INTEREST

PLEASE LIST YOUR ORGANIZATION'S AREAS OF INTEREST, INCLUDING WORKING GROUPS, WITHIN THE AEC:

APPLICATION FOR MEMBERSHIP

NARRATIVE FOR APPLICATION:

AUTHORIZATION

BY SIGNING THIS APPLICATION YOU AGREE TO THE TERMS AND CONDITIONS OF MEMBERSHIP, IF THIS APPLICATION IS APPROVED THROUGH THE ARCTIC ECONOMIC COUNCIL'S MEMBERSHIP PROCESS. THE AEC ALSO HAS THE AUTHORITY TO VERIFY THE INFORMATION PROVIDED HEREIN.

SIGNATURE ON BEHALF OF APPLICANT:

DATE (MONTH/DAY/YEAR):

PRINT NAME:

DATE (MONTH/DAY/YEAR):