

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:

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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:

MEMBERSHIP CLASS

Permafrost Partner

Arctic Partner

Arctic Economic Council (AEC) would like to send you emails with useful information about our work and project as well as relevant news, reports and events that we invite you to attend. In order to do so, we need your consent. Should you at any point like to withdraw your consent you can do so by contacting us. Our contact information and more information about how we process personal data can be found in our Privacy Policy available at www.arcticeconomiccouncil.com

I would like to receive information from AEC as mentioned above.

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):