

CNA membership application

date

class

COMPANY NAME

legal

public

HEAD OFFICE ADDRESS

street

city

province

postal code

FACILITIES ADDRESSES

1) street

city

province

postal code

2) street

city

province

postal code

3) street

city

province

postal code

COMPANY WEBSITE

BRIEF DESCRIPTION OF YOUR COMPANY'S PRODUCTS AND SERVICES (50-100 WORDS)

COMPANY STATISTICS

number of employees in nuclear

number of contractors in nuclear

ANNUAL SALES FROM NUCLEAR

<\$1M CAD

\$1-10M CAD

\$10-25M CAD

\$25-50M CAD

\$50-100M CAD

>\$100M CAD

COMPANY CONTACTS

president name

telephone

email

president's executive assistant name

telephone

email

communications name

telephone

email

regulatory affairs name

telephone

email

government relations/public affairs name

telephone

email

accounts payable name

telephone

email

CNA membership application

WOULD YOU LIKE TO BE CONTACTED ABOUT PARTICIPATING IN CNA WORKING GROUPS?

- policy communications regulatory affairs

MEDIA MONITORING AND ANALYSIS

Provide the names and email addresses of those individuals that should receive media monitoring and analysis services.

Note: The number of recipients is determined by your membership class. ● CLASS 1 ● CLASS 2-3 ● CLASS 4-6 ● CLASS 7

●● ●●	_____	_____
●●	name	email
●● ●●	_____	_____
●●	name	email
●● ●○	_____	_____
●○	name	email
●● ●○	_____	_____
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●○	name	email
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●○	name	email
●○ ●○	_____	_____
●○	name	email

AGREEMENT

_____	_____	_____
name	signature	date