



Canadian Council of Independent Laboratories

**APPLICATION FOR ASSOCIATE CORPORATE MEMBERSHIP**

Name of Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City Province Postal Code

Street Address: \_\_\_\_\_  
City Province Postal Code

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

**REFERENCE:**

Name and address of one reference, a Principal or Officer of a current CCIL member firm.

\_\_\_\_\_

Signature Title Date