

## **Application for CISC Associate Professor**

## **Professional**

Professors employed by Canadian universities or colleges providing structural steel design education. (Some conditions may apply).

## **Technical**

Professors employed by Canadian colleges or other schools providing trade education for the structural steel industry. (Some conditions may apply)

First Name:	Last Name:		
School Email Address:			
Telephone:			
Address to which correspondence is to be sent:	Home	or	School
School Name:			
Street or P.O. Box:			
City:			
Province:			
Postal Code:			
School of Employment:			
Title/Duties:			
Department:			
Registered Professional Engineer	Registered Architect		
Canadian Association in which you are registered:			
Registration #:	Year of Reg	gistration:	
Annual Dues: Complimentary			
Agreement:			
I make application for CISC Associate as a professional Construction. By signing this application, I confirm the communication by any platform or method from the CISC should I be accepted. I also accept to abide by the CISC.  Signature:	at the above-n CISC and the p he CISC By-laws	nentioned info posting or print s and Policies i	rmation is correct. I also consent to ing of my name and address by the n effect now or in the future as set by
Date:			
Becoming an Associate in the Canadian Institute of Steel Const	truction (CISC) sha	all he available or	nly to any husiness that meets the qualification

## Confidentiality:

CISC values and protects your privacy. You may view our Privacy Statement at http://www.cisc-icca.ca/privacy-policy

decisions by the Board shall be final and binding without the need to give any reasons for the acceptance or rejection of any application.

requirements as defined in the CISC By-Laws and Policies. The CISC Board of Directors may, in its sole discretion, admit or deny the application. All

Please return to: <a href="mailto:services@cisc-icca.ca">services@cisc-icca.ca</a>

Rev. 05-2020