FRIENDS OF NII APPLICATION FORM

NUCLEAR INNOVATION INSTITUTE

Date (*mm/dd/yyyy)*

ORGANIZATION NAME

Legal Organization Name

HEAD OFFICE ADDRESS

Street	City	Province	Postal Code

COMPANY CONTACTS

Head of Organization Name & Title	Telephone	Email
Assistant to the Head's Name	Telephone	Email
Main/Local contact Name	Telephone	Email
Communications Name	Telephone	Email
Accounts Payable Name	Telephone	Email

ORGANIZATION DRESCRIPTION

Brief description of your organization's products and services (50-100 words).

Brief description of your organization's past activities and initiatives that support advancing nuclear innovation, technology and the nuclear industry in general (50-100 words).

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TYPE OF ORGANIZATION
(Select all that apply)

- ☐ Government
- ☐ Not-for-Profit
- ☐ Non-Governmental Organization
- ☐ Indigenous Community
- ☐ Institutional
- ☐ Educational
- ☐ Industry Association
- ☐ Research Institute

AREAS OF INTEREST
(Select all that apply)

- ☐ Centre for Excellence in Operational Efficiencies
- ☐ Centre for Environment and Global Warming
- ☐ Centre for Artificial Intelligence and Digital Technology
- ☐ Centre for Advancing Future Technologies
- ☐ Centre for health and Medical Isotopes
- ☐ Centre for Municipal Innovations
- ☐ Trades and Skilled workforce Secretariat
- ☐ Centre for Enhances Education
- ☐ Centre for Regional Economic Development Coordination
- ☐ Centre for Business Incubation and Acceleration
- ☐ Centre for Indigenous Economic Development.

There are a number of opportunities encouraging Friends of NII in programs and activities:
(Select all that may apply)

- ☐ Provide in-kind support for events, activities & initiatives
- ☐ Access to NII information, resources & activities
- ☐ Invitation to NII events
- ☐ Receipt of NII reports, publications, media releases & other printed materials
- ☐ Engaged in an advisory capacity
- ☐ Direct engagement in activities & projects

TERMS AND CONDITIONS

☐ By submitting this application, I intend to become a member of NII

☐ I agree that I meet the Membership criteria and agree to adhere to the membership expectation and responsibilities

AGREEMENT

Name _____ Signature _____ Date _____

Submit completed application form to memberservices@nii.ca