

Joining the Canadian Gas Association

Application for Membership

We hereby make application for membership in the Canadian Gas Association.

Name _____

Company _____

Address _____

City _____

Province/State _____

Country _____

Postal/Zip Code _____

Telephone _____

Facsimile _____

E-mail _____

Web Site _____

Official Delegate _____

Official Delegate's Title _____

Signature _____

Please **Do Not** remit membership fees with this application. Once your application is accepted, the Association will invoice you and send a copy of the membership kit, which includes a copy of the Constitution and Bylaws. By payment of your invoice you agree to comply with the Canadian Gas Association Constitution and Bylaws.

Please forward this completed application form to:

Mr. Michael Cleland
President and Chief Executive Officer
Canadian Gas Association
350 Sparks Street
Suite 809
Ottawa, ON K1R 7S8
Fax: (613) 748-9078



Please supply the following information for our records:

1. Subsidiary or Associate Companies (if applicable)

2. Branch Offices located at:

3. Please briefly describe your company's principal activities:

4. Please enclose your company's latest annual report and any other descriptive publications you produce.

- | | |
|--|--|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Investment |
| <input type="checkbox"/> Production | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Transmission | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Gas Marketing | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Government |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Research |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Other |

5. Principal Operations (please check appropriate boxes)

Please check the areas that interest you most:

- | | |
|--|---|
| <input type="checkbox"/> Operations | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Public Affairs |
| <input type="checkbox"/> Corporate Affairs | |

For Association Use Only

Date Received _____

Class _____

Date Approved _____

Signed _____