Membership Application

(June 12, 2025 Version)

BUSINESS NAME:					
Note: SIMSA membership in parent companies, etc. The event qualification purpose.	ne above name will be use	bove-named company - not i ed on the Saskatchewan Sup	its subsidiaries, joint ventur plier Database and for SIMS	e partners, suppliers, A "Members Only"	
CONTACT NAME:		TITLE:			
SASKATCHEWAN ADDRE	SS:				
CITY, PROVINCE:			SK POSTAL CODE:		
MAIN TELEPHONE:		CELL:			
EMAIL:		WEBSITE:	WEBSITE:		
SECONDARY CONTACT NAME:		SECONDARY CONTCAT EMAIL:			
	EMPLOYEES LIVING AN	D WORKING IN SASKATCH	HEWAN: ver 100		
PERMANENT PHYSICAL (OFFICE SPACE LOCATED	IN SASKATCHEWAN: 🗆 Y	′es □ No		
WORLD HEADQUARTERS	LOCATED IN SASKATCI	HEWAN: ☐ Yes ☐ No			
(Provide your Saskatch	newan ISC Corporate P	rofile for verification)			
BUSINESS REGISTERED I	N SASKATCHEWAN:	Yes □ No			
SASKATCHEWAN PST NU	JMBER:	SASKATCHEWAN	WCB FIRM NUMBER:		
MEMBERSHIP DUES: Note - all memberships la Regular and Open Men		month-end of their approve	al (GST included).		
□ \$525.00 (less than \$2.5M annual gross Saskatchewan Sales)	□ \$787.50 (\$2.5M - \$5M annual gross Saskatchewan Sales)	☐ \$1050.00 (\$5M - \$10M annual gross Saskatchewan Sales)	☐ \$2100.00 (\$10M - \$20M annual gross Saskatchewan Sales)	☐ \$2625.00 (more than \$20M annual gross Saskatchewan Sales)	
Associate Membership:	□ \$787.50				
The below signature is t and/or non-approval of		ing true and factual; any r	nisrepresentations are gro	unds for termination	
Signature above		Print name above		Date	

NOTE: Once your application has been approved, we will send an invoice for your membership dues. Upon payment of this invoice, benefits will commence.