# **Member Application**

\*Required Information

Organization\*

Street Address\*

Street Address (cont)

City\*

State/Province:

Zip/Postal Code:\*

Country:

Email:\*

Web Address:

Phone:

Ext:

Mobile:

Fax:

**Organization Online Directory Description (1000 characters)** 

National/provincial membership(s) \*membership is National + All affiliates or National + 1 affiliate.\* Please e-mail us if you would like to join only the National association or only an affiliate.

Hydrogen BC Provincial Member Hydrogen Ontario Member Hydrogen Alberta Provincial Member All of the above

### **Membership Tier**

Sponsorship Executive Industry End-user Small Business Start-up Academic

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Consultant Associate

### Area(s) of focus

Engineering Academia Research Testing, Certification and Safety Energy Storage Hydrogen Production Fuel Cells Modules and Systems Materials and Components Consulting Vehicle Manufacturing Testing and Manufacturing Equipment Hydrogen Fueling Infrastructure Power generation, distribution and transmission

### **Headquarters Location\***

Alberta British Columbia Manitoba Maryland New Brunswick Newfounland and Labrador Nova Scotia Ontario Prince Edward Island Quebec Saskatchewan Northwest Territories Nunavut Yukon Other

## Region(s) of Operation

Canada USA EU Europe (Non-EU) South Asia East Asia Middle East Africa South America

### **Number of Employees**

Sole Proprietor 1-5 employees 6-24 employees 25-49 employees 50-99 employees 100-499 employees 500 or more employees

### **Region\***

### **Market Focus**

Mobile Stationary Portable Aerospace

Other

# **Personal Information**

Please provide the Primary Contact's information below. You may add additional contacts after completing registration.

### **Prefix:**

First Name:\*

Middle Name:

Last Name:\*



### Suffix:

Title:

Address Type:

Street Address:

City:

State/Province:

Mobile:

Individual Online Directory Description:

**Referred By:** 

**Primary Email:\*** 

#### Do you agree to receive e-mail correspondence from the association and its members? \*

Yes

No

# Do you agree to receive pertinent information related to issues covered by the association from interested third-party entities? \*

Yes No

### **Online Directory Email Preference**

Do Not show Display Primary Email Display Secondary Email

# **User Information**

Please create a username and password to access the Member Portal. Note: The username and password must not contain spaces or symbols and must have at least six characters. \*Required Information

**Username:\*** 

Password:\*

**Confirm Password:\*** 

Listed below are committees available for membership. Please select the committees you would like to join. There is NO additional cost to joining a committee.

Innovation Committee Communication Committee Audit and Finance Committee

Governance Committee