



FOUNDING PARTNER APPLICATION

307-2275 Lake Shore Blvd. W., Toronto, ON M8V 3Y3 • p: (800) 263-9648 ext. 243 • Email: membership@excellencecanada.ca

BASIC INFORMATION

Name of Organization\*
(\*Please print the name as you would like it to appear on all formal documents including partnership plaque.)

Designated Primary Representative ("Partner Contact")

Title

Address City Prov Postal Code

Phone Email Website

CEO/President Name ("Partner President") Note: Correspondence will be communicated through the Partner Contact.

Actual Title

same as above or: Address City Prov Postal Code

Phone Fax

Email

ORGANIZATIONAL INFORMATION

Sector:

- Manufacturing Service Tourism
Education Health Care Other:
Government Association/Not-for-Profit

Description of your organization - please provide a brief description:

(Note: The information below is for internal purposes and will be held confidential.)

Multiple horizontal lines for text entry.

Size:

- 1 to 49 full-time equivalent employees
50 to 249 full-time equivalent employees
250 or more full-time equivalent employees (Please provide actual number: )

**Locations:**

Please list major cities across Canada where your organization has offices and provide a regional contacts in each. This will help us plan invitations to regional networking meetings. Note: all correspondence will be coordinated through the Partner Contact. If you require additional space, please attach a separate sheet of paper.

1.	City	Contact Name	Contact Email
2.	City	Contact Name	Contact Email
3.	City	Contact Name	Contact Email
4.	City	Contact Name	Contact Email
5.	City	Contact Name	Contact Email
6.	City	Contact Name	Contact Email

**Annual Fee Schedule\*:**

Please include GST/HST (if applicable to your organization). If you are not sure which taxes are applicable, contact membership@nqi.ca.

- Founding Partner in Excellence (\$25,000 per year\*)  
\*First year due upon receipt of invoice. Years 2 and 3 invoiced 90 days prior to renewal month.

**Communication:**

Please indicate your language preference for correspondence and publications:

- English       French

**Payment & Application Processing:**

Please indicate your method of payment:

- Payment enclosed (cheque or money order)
- Visa, MasterCard, or AMEX (call 416-251-7600 ext. 243 to process payment)
- Please invoice me
- Purchase order
- Direct Deposit (call 416-251-7600 ext. 243 to make arrangements)

**How did you learn about Excellence Canada Partnership?**

- Referred by other Partner/Member\*
- Web Search
- Event (Please specify event): \_\_\_\_\_
- Publicity or Advertising (Please specify): \_\_\_\_\_
- Other: \_\_\_\_\_

\*Note: If you were referred by another Partner/Member, please provide their contact information below so they can be rewarded through our Referral Program.

_____	_____	_____
Company	Name	Title
_____	_____	_____
Address	City/Prov	Postal Code
_____	_____	_____
Phone	Email	

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