



Application for Individual Membership

Please complete all sections and return to the ICD, along with your payment. Alternatively, you can fill out a membership application online at www.icd.ca

SECTION 1 – Member Information

Mr. Ms. Mrs. Dr.

Last Name		First Name	Preferred Name	Middle Initial
ICD.D <input type="checkbox"/>	C.Dir <input type="checkbox"/>	ASC <input type="checkbox"/>		
Institute-Certified Director		Chartered Director		Administrateur de sociétés certifiés

HOME ADDRESS

Street Address			Suite Number
City	Province/State	Postal/Zip Code	Country
Telephone	Fax	E-mail	

SECTION 2 – Company Information

BUSINESS MAILING ADDRESS

Title		Company Name		
Street Address			Suite Number	
City	Province/State	Postal/Zip Code	Country	
Telephone	Ext.	Fax	E-mail	

Type of Company: Public Private Not-for-Profit Crown Corporation Other

Company size: \$10 million or less \$10 million to \$100 million \$100 million to \$500 million
 \$500 million to \$1 billion >\$1 billion Not Applicable

Privacy: The information you provide the ICD on your membership application and renewal forms will be used for the purpose of processing your membership, and for purposes outlined in the Privacy Statement for ICD. The ICD is committed to protecting the privacy of your personal information. Before executing this document, you may wish to review the ICD's privacy policy posted on our Web site: www.icd.ca. For more information about the ICD's management of personal information, or the ICD's use and disclosure practices, please contact the ICD Director, Member and Chapter Services at 1-877-593-7741 or 416-593-7741, or by e-mail at admin@icd.ca.

Join the ICD today!

SECTION 2 (continued)

INDUSTRY CLASSIFICATION (select one from the choices below):

- | | | |
|--|---|---|
| <input type="checkbox"/> Academia & Education | <input type="checkbox"/> Energy & Power | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Entertainment & Media | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Accounting & Financial Services | <input type="checkbox"/> Environment | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Agriculture & Food Production | <input type="checkbox"/> Government | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Aviation & Aerospace | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Retail & Consumer Products |
| <input type="checkbox"/> Banking, Finance & Investments | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Security & Defense |
| <input type="checkbox"/> Broadcasting & Telecommunications | <input type="checkbox"/> Industrial | <input type="checkbox"/> Tourism & Hospitality |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Consumer Products & Manufacturing | <input type="checkbox"/> Medical & Healthcare | |

SECTION 3 – My Board Experience

I currently serve as a Director of the company/organization listed in Section 2.

I serve on the Board of _____ (organization's name)

Year appointed _____

Board Sector: Public Private Not-For-Profit Crown Corporation Other

I am an executive of the above company/organization and do do not sit on the board.

Functional Title:

- | | |
|--|---|
| <input type="checkbox"/> Chair | <input type="checkbox"/> Company Director |
| <input type="checkbox"/> CEO | <input type="checkbox"/> Board Director |
| <input type="checkbox"/> Corporate Secretary | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> General Counsel | |

Revenue:

- | | |
|---------------------------------|----------------|
| <input type="checkbox"/> Micro | < \$50M |
| <input type="checkbox"/> Small | \$50 - \$100M |
| <input type="checkbox"/> Medium | \$100 - \$500M |
| <input type="checkbox"/> Large | Over \$500M |

Board Committees (please check all that apply): Finance Audit Corporate Governance Compensation
 Human Resources Nominating

If you serve on more than one Board, please attach a separate piece of paper.

INDUSTRY CLASSIFICATION (select one from the choices below):

- | | | |
|--|---|---|
| <input type="checkbox"/> Academia & Education | <input type="checkbox"/> Energy & Power | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Entertainment & Media | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Accounting & Financial Services | <input type="checkbox"/> Environment | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Agriculture & Food Production | <input type="checkbox"/> Government | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Aviation & Aerospace | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Retail & Consumer Products |
| <input type="checkbox"/> Banking, Finance & Investments | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Security & Defense |
| <input type="checkbox"/> Broadcasting & Telecommunications | <input type="checkbox"/> Industrial | <input type="checkbox"/> Tourism & Hospitality |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Consumer Products & Manufacturing | <input type="checkbox"/> Medical & Healthcare | |

SECTION 4 – Additional Information

Preferred E-mail address: Business Home

Preferred E-mail format: HTML Plain Text

Preferred mailing address: Business Home

What is your preferred language of communication? English French

How did you hear about the ICD? Web site Colleague Direct Mail Media
 ICD Event National Newspaper Local Newspaper
 Rotman Other (Please specify): _____

Will a third-party be paying for your membership in the ICD? Yes No

To what extent do you agree or disagree with each of the following?

Through my ICD membership I seek: (Please circle)

	Strongly disagree					Strongly agree				
	1	2	3	4	5	1	2	3	4	5
Professional networking opportunities										
Tools to be a better Director										
Access to formal and continuing director education programs										
Directorships/board positions										
Access to an internationally recognized Director designation - ICD.D										

SECTION 5 – Payment - Individual Membership \$395.00 plus applicable taxes.

Enclosed, please find a cheque. Please charge my credit card: VISA MasterCard

Card Number

Expiry Date: _____

Name on Card:

Signature

Membership Fee \$395.00

PST \$ _____

HST \$ _____

QST \$ _____

GST \$ _____

GST exemption#
(if applicable) _____

Total \$ _____

NB, NF, ON \$395 + HST (13% \$51.35) = \$446.35

NS \$395 + HST (15% \$59.25) = \$454.25

BC \$395 + HST (12% \$47.40) = \$442.40

Quebec \$395 + GST (5% \$19.75) and QST (8.5% \$35.25) = \$450.00

All other provinces \$395 + GST (5% \$19.75) = \$414.75

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SECTION 6 – Membership Terms

TERMS AND CONDITIONS

In order to become an ICD member, all applicants must read and agree to adhere to the ICD Code of Conduct.

Please note that if you are submitting this application on someone's behalf, the applicant must be made aware of and consent to the Terms and Conditions of membership and sign the ICD Code of Conduct. By submitting this application on behalf of someone, you are representing that you have obtained that person's informed consent to the terms and conditions of ICD membership.

Membership in the Institute of Corporate Directors is paid annually, is non-transferable and non-refundable.

CODE OF CONDUCT

By joining the ICD, each member undertakes and agrees:

1. to conduct themselves in a manner that supports the Mission of the ICD: to enhance the practice of good governance of private companies, public companies, Not-For-Profit Organizations, Crown Corporations, and other organizations in Canada;
2. to comply with:
 - (a) all laws and regulations applicable to the organizations which they serve;
 - (b) the written codes of conduct of all organizations with which they are associated; and
 - (c) the codes of conduct and the standards of all professions and associations to which they belong;
3. that they:
 - (a) have not been found guilty in any criminal or similar proceeding of fraud, market manipulation, fraudulent misrepresentation, insider trading or other similar offence(s);
 - (b) have not been subject to any penalties or sanctions imposed by a court, regulatory, administrative or self-regulatory body for conduct while acting in the capacity of director or officer of any corporation or in a similar capacity on behalf of any other organization except as disclosed below:

_____ ; or
Statement of disclosure (if none, leave blank)
 - (c) that they are not aware of any alleged conduct that might lead to the consequences in (a) or (b) above;
4. to notify the ICD as soon as practicable if any of the events described in paragraph (3) above occur subsequent to joining the ICD and/or during the term of ICD membership;
5. to comply with the Terms and Conditions applicable to members of the ICD; and
6. that the ICD has the discretion to refuse membership in the ICD to any person, and to revoke the membership in the ICD of any person, in appropriate circumstances, including where there has been a breach of this ICD Code of Conduct.

Print Name

Signature

Date

PLEASE SEND YOUR COMPLETED APPLICATION FORM AND PAYMENT TO:

Institute of Corporate Directors

Attention: Jane Grant, Membership Services Coordinator

602–40 University Avenue

Toronto, ON, M5J 1T1

Tel.: 416.593.7741 or 1.877.593.7741

Fax: 416.593.0636

E-mail: admin@icd.ca

OR sign-up online www.icd.ca

Better Directors. Better Boards. Better Business.

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