



## Indigenous Manufacturing and Contracting Network (IMCN) Membership Criteria

### Membership Types:

#### 1. Regular Members

- **Eligibility:** Supply chain companies (construction, manufacturing, and engineering) with:
  - At least 51% Indigenous ownership, or
  - 50% Indigenous ownership with senior management positions held by Indigenous people.
- **Privileges:**
  - Receive notices of and attend all meetings.
  - One (1) vote at all meetings.
  - Eligible for election to the Board of Directors.
- **Annual Fee:** \$350.

#### 2. Associate Members

- **Eligibility:** Companies and individuals who support Indigenous people, including supply chain companies that do not meet the above ownership criteria (e.g., janitorial, catering, etc.).
- **Privileges:**
  - All membership privileges, except the right to vote.
- **Annual Fee:** Based on annual sales:
  - Less than \$2.5M: \$500
  - \$2.5M - \$5M: \$750
  - \$5M - \$10M: \$1,000
  - \$10M - \$20M: \$2,000
  - \$20M - \$100M: \$5,000
  - Greater than \$100M: \$10,000

#### 3. Community Members

- **Eligibility:** Indigenous communities.
- **Privileges:**
  - All membership privileges, except the right to vote.
- **Annual Fee:** \$350.

#### 4. Reciprocal Members

- **Eligibility:** Companies in mutually beneficial arrangements with IMCN, aimed at expanding network benefits without added costs.
- **Privileges:** Negotiated benefits for collaboration and growth. Membership fee to be determined based on discussion.



### Additional Notes:

- **Pre-Paid Membership Option:** Members can pay for 4 years of membership in advance and receive 5 years of benefits. (All fees plus applicable taxes.)
- **Board Approval:** Membership applications are subject to approval by the IMCN Board of Directors at their sole discretion, requiring a majority vote and quorum at the meeting.

## Indigenous Manufacturing and Contracting Network (IMCN) Membership Application Form

Please complete the following information to apply for IMCN membership. All fields are required unless otherwise noted.

### 1. BUSINESS INFORMATION

LEGAL BUSINESS NAME: \_\_\_\_\_

*Note: IMCN membership is only applicable to the above-named company – not its subsidiaries, joint venture partners, suppliers, parent companies, or any other entity not named above.*

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

MAIN TELEPHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### 2. INDIGENOUS OWNERSHIP & AFFILIATION

- **Indigenous Ownership Level:**

Please select one:

- ☐ At least 51% Indigenous Ownership
- ☐ 50% Indigenous Ownership & Senior Management
- ☐ Below 49% Indigenous Ownership

- **Is your business an Indigenous Nation-Owned Entity?**

- ☐ Yes
- ☐ No

If yes, please specify the Indigenous Nation:

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- **Is your business affiliated with any First Nation or Métis Region?**

- ☐ Yes  
☐ No

If yes, please list them:

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- **Is your business affiliated with a Tribal Council?**

- ☐ Yes  
☐ No

If yes, please specify the Tribal Council:

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### 3. MEMBERSHIP LEVEL SELECTION

Please select the appropriate membership level based on your business type and annual sales:

- **Regular Membership (Requires 51% Indigenous ownership or 50% Indigenous ownership & senior management):**

- ☐ \$350 annually  
☐ Mark here to prepay for 4 years and receive 5 years of benefits.

- **Associate Membership (Based on annual sales):**

- ☐ Less than \$2.5M sales: \$500  
☐ \$2.5M - \$5M sales: \$750  
☐ \$5M - \$10M sales: \$1,000  
☐ \$10M - \$20M sales: \$2,000  
☐ \$20M - \$100M sales: \$5,000  
☐ Over \$100M sales: \$10,000  
☐ Mark here to prepay for 4 years and receive 5 years of benefits.

- **Community Membership:**

- ☐ \$350 annually  
☐ Mark here to prepay for 4 years and receive 5 years of benefits.

- **Reciprocal Membership (Requires a discussion with IMCN):**

- ☐ No cost (Membership fee based on discussion and approval)



#### 4. AGREEMENT & SIGNATURE

By submitting this application, you confirm the following:

- The information provided is accurate and complete.
- You have reviewed and understood the IMCN Membership Criteria.
- Any misrepresentation or failure to meet membership requirements may result in termination or non-approval of membership.

**Applicant's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### 5. SUBMISSION INSTRUCTIONS

Once completed, please submit this form to:

**Email:** [info@imcn.ca](mailto:info@imcn.ca)

Upon approval, an invoice for your membership dues will be issued. Membership benefits will begin once payment is received and will be valid until December 31st of each year. For multi-year memberships, benefits will be prorated.