



Canadian Aboriginal and Minority Supplier Council (CAMSC)

Corporate Membership Application Form

CAMSC is a private-sector led, non-profit membership organization.

Our vision: To champion business relationships and economic growth of the Canadian supply chain through the inclusion of Aboriginals and Minority suppliers.

Our mission: To be the nationally recognized, respected and trusted business partner, leading supplier diversity in all industry segments with proven results in wealth and job creation for Aboriginal and minority suppliers.

Benefits of Membership:

- Opportunities to identify competitive suppliers of goods and services
- Opportunities for innovation from new and enterprising suppliers
- Networking opportunities with other major corporations
- Business and community recognition and awards
- Access to networking events
- Assistance in establishing an internal Supplier Diversity program
- Access to Supplier Diversity program training and seminars
- Access to the CAMSC database of certified Aboriginal and visible minority suppliers
- Access to market knowledge regarding doing business with Aboriginal and minority communities

Membership Requirements:

As a member of CAMSC, you are willing to:

- Commit to CAMSC's vision and mission
- Identify opportunities within your company to increase awareness of the availability of Aboriginal and minority suppliers
- Identify opportunities within your company to increase procurement from certified Aboriginal and minority suppliers
- Participate in and support CAMSC networking events, where applicable
- Consider participating in member committees, such as event planning, membership, etc.
- Advocate externally to encourage commitment to CAMSC mission
- Report on dollar purchases from CAMSC certified Aboriginal and minority suppliers
- Pay annual membership fee



Company Name: _____

Company Website: _____

Key Contact

Name: _____

Title: _____

Street Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Alternate Contact

Name: _____

Title: _____

Street Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Financial Contact

Name: _____

Title: _____

Street Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Please indicate your company's fiscal year period (e.g. January to December): _____ to _____

Please select the industry sector that best describes/identifies your company's business:

(double click the appropriate box and then click Checked)

- Automotive and Transportation
- Commercial Products/Services (companies whose products/services are sold primarily to other companies)
- Construction
- Consumer Products
- Food and Beverage
- Financial Services
- Health Care
- Information and Communications Technology
- Professional Services
- Other (please describe) _____



Do you have a Supplier Diversity program/policy in place? Yes No

What types of programs or services can CAMSC offer you?

Annual Membership Dues (included)

(double click the appropriate box and then click Checked)

- \$20,000 (Champion membership)
- \$10,000 (Leader membership)
- \$ 5,000 (Partner membership, revenue less than \$500MM)
- \$ 2,500 (Associate membership, revenue less than \$50MM)

For Corporate Members enquiries, please contact either one of the following:

Director, Business
Development & Partnerships
Daphne Shih
dshih@camsc.ca
416-941-0004 ext. 223

Director, Member Services
Christina Rodrigues
crodrigues@camsc.ca
416-941-0004 ext 228

Non-Disclosure Agreement Signatory Request. Important!

THIS AGREEMENT is made and entered into as Date (“Effective Date”), by and between CAMSC (Canadian Aboriginal and Minority Supplier Council and _____, (“ member organization)
All Supplier Information disclosed to the Member organization will be used solely for the Business Purpose of the member organization. The member agrees to keep CAMSC’s supplier information confidential to be disclosed only to its employees. Member organization will not share the information with partner organizations, subsidiaries, consultants, contractors and /or outside parties.

Please sign below in agreement to the terms above.

Signature

Date

Methods of Payment:

- 1) **Credit Card:**
If you are paying by credit card, please complete the attached form, and email to ilokhram@camsc.ca. An e-receipt will be sent to you directly.
- 2) **Electronic Funds Transfer (EFT)**
Please forward to Indira Lokhram, ilokhram@camsc.ca all required forms to complete EFT.
- 3) **Cheque Payment:**
Make cheque payable to:
Canadian Aboriginal and Minority Supplier Council

Attention: Indira Lokhram, Manager, Support Services



282 Richmond St. East, Suite 101
Toronto, Ontario
M5A 2W8
Canada

Telephone: (416)-941-0004
Email: info@camsc.ca
Website: www.camsc.ca



CAMSC CORPORATE MEMBER CREDIT CARD PAYMENT FORM

Company Name: _____

Date: _____

VISA MasterCard AMEX

I hereby authorize CAMSC to charge the credit card below, in the amount of \$ _____
for _____.

Credit Card #: _____

Expiry Date: _____ / _____

Cardholder Name (PRINT): _____

Signature: _____ Date: _____

Check here to receive an E-Receipt. Print your email address on line below:

Terms: **Full payment is due upon receipt of invoice.** CAMSC accepts payments in
Canadian or US funds.

Please complete above and submit credit card payment to attention:

Indira Lokhram – via email (ilokhram@camsc.ca)

**Manager, Support Services
282 Richmond Street East, Ste. #101
Toronto ON M5A 1P4 Canada**