

CONSIDERATION FOR COMMITTEE MEMBERSHIP



We consider applicants without regards to citizenship, race, colour, creed, ancestry, origin, sex, sexual orientation, marital status, family status, handicap, or other protected status.

PERSONAL DATA

LAST NAME	FIRST NAME	CITIZENSHIP
COMPANY NAME		
PRESENT ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE
BUSINESS TELEPHONE		EMAIL
TYPE OF BUSINESS		
YOUR JOB TITLE		DEPARTMENT
EXPERIENCE IN THE INSULATING GLASS INDUSTRY (attach separate sheet if required)		
HAVE YOU PARTICIPATED ON AN IGMA COMMITTEE BEFORE?		
IF YES, WHICH COMMITTEE, WHEN?		
PLEASE INDICATE THE IGMA GROUP OR COMMITTEE OF INTEREST		
BOARD OF DIRECTORS <input type="checkbox"/>		EMERGING TECHNOLOGY & INNOVATION COMMITTEE <input type="checkbox"/>
TECHNICAL SERVICES COMMITTEE <input type="checkbox"/>		IGMA CERTIFICATION COMMITTEE <input type="checkbox"/>
IGMA EDUCATION & SAFETY COMMITTEE <input type="checkbox"/>		GLASS SAFETY AWARENESS COUNCIL <input type="checkbox"/>
<b>Please note that membership in IGMA is required for all IGMA Committee and Task Groups.</b>		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Administrative Use Only			
Membership category	Manufacturer	<input type="checkbox"/> Glass	<input type="checkbox"/> IG
		<input type="checkbox"/> Window Manufacturer	
	Supplier	<input type="checkbox"/> Desiccant	<input type="checkbox"/> Sealant
		<input type="checkbox"/> Spacer	<input type="checkbox"/> Film
		<input type="checkbox"/> Gas Filling	<input type="checkbox"/> Equipment
		<input type="checkbox"/> Other _____	
	Associate	<input type="checkbox"/> Industry Consultant	<input type="checkbox"/> Government Agency
	Inspection & Testing	<input type="checkbox"/> Auditing / Inspection Agency	<input type="checkbox"/> Laboratory Testing
Date of Appointed / Elected:		Expiration of Term:	