



CICU Affiliate Expression of Interest Form

Name of organization: _____

Mailing address: _____

Phone: _____

Website: _____

Primary contact: _____

Title: _____

Email: _____

Secondary contact: _____

Title: _____

Email: _____

Description of organization: (industry; services; products; sector; size)

CICU members that the organization has done business with (include contact information):

1. _____

2. _____

3. _____