CGIA MEMBER PROFILE

Organization Name:		
Address:		
Type of Business:	Industrial/Manufacturing Owner Associate Not for profit	Industrial/Manufacturing Contractor Training Partner
Primary Representative:	Name: Email:	Title: Phone:
Safety Contact	Name: Email:	Title: Phone:
Workforce Development/ HR Contact	Name: Email:	Title: Phone:
Brief Description of Business:		
Website:		
Industrial Facilities: Provide the average number of F in the Central Gulf region during		CGIA
Contractors: Provide the average number of ein the Central Gulf region during		CENTRAL GULF
Training Providers: List campuses providing industri	al craft training	INDUSTRIAL ALLIANCE
Name:		Title:

CGIA MEMBER PROFILE

Other Representative:	Name:	Title:
	Email:	Phone:
	Address if different than company:	
Other Representative:	Name:	Title:
	Email:	Phone:
	Address if different than company:	
Other Representative:	Name:	Title:
	Email:	Phone:
	Address if different than company:	
Other Representative:	Name:	Title:
	Email:	Phone:
	Address if different than company:	
Other Comments:		CCIV
		CGIA
Please return form to:		
	info@cgialliance.co	m CENTRAL CHIE