

An Accredited Member must sponsor a Candidate or Associate Membership Application.

A sponsoring Accredited Member is also confirming the Applicant meets the requirements of MAR s.9.

Name of sponsor _____
Business Address _____
Business Phone _____
Signature of sponsor _____

How did you hear about the Association?

Brochure Website College/University Family/Friend Career Fair Other _____

Membership dues are payable on March 1 for each fiscal year as follows:

Membership Type	Fee*	5% GST	TOTAL
Accredited	\$425.00	\$21.25	\$446.25
Candidate	\$350.00	\$17.50	\$367.50
Associate	\$350.00	\$17.50	\$367.50
Student	\$75.00	\$3.75	\$78.75

*Note: Fees are prorated to one half of the prescribed annual fee between September 1 and November 30. Between December 1 and February 28/29, membership fees are one quarter of the prescribed annual fee.

I certify that the information submitted in and with this application is correct and true. I agree, if accepted, that I will be governed by the bylaws and constitution of the Alberta Assessors' Association and promote its objectives as long as I continue to be a member.

I consent to the Alberta Assessors' Association the use of my name, address, employer name, membership type, phone number, fax and email address for such purposes as promotion of membership, membership directory listing, website listing, government liaison (Alberta Municipal Affairs, AMA), education, new products and services, internet information and networking at all levels, local, provincial and national.

I Consent: I Do Not Consent:

Dated: _____ Signed: _____

A one-time Candidate Application fee of \$200.00 + GST (# 12223 4610 RT) is charged for Candidate Members in addition to the applicable membership fee.

Application Fee and Applicable Membership Fee + GST (# 12223 4610 RT) are:

Enclosed **OR**
 Please Invoice _____

All cheques are payable to the Alberta Assessors' Association. Membership is deemed to commence on the date the application is accepted by the Registration Committee.

For Office Use:

Date Application Approved by Registration Committee: _____

User Name _____ Membership Number _____ Password _____

Invoice # _____

