



Application for Accreditation

This application is to be completed and forwarded to the Executive Administrator, Alberta Assessors' Association
NO LATER THAN JANUARY 31. Designation as an Accredited Municipal Assessor of Alberta shall commence on the
date the Registration Committee approves the application.

Name _____
in full or as it should appear on CERTIFICATE

Address _____
Street City Postal Code

Phone _____

Current Employment

Job Title _____

Attach Job Description

Assessment Experience (at least 4 years is required and shall apply up to and including April 30th of the year in which accreditation is to be awarded)

Attach Resume and Statement(s) (signed by a department head(s) certifying dates and working titles related to your experience in the practice of assessment)

Attach copy of assessment diploma or official transcript **OR** AAA has documented my core education requirements (candidacy prior to September 1, 2008)

Character References

	Name	Address	Business Phone
1.	_____	_____	_____
2.	_____	_____	_____

Other Business Connections and Associations: _____



Membership in Clubs, Organizations and Associations: _____

Professional Contributions (Lectures, Talks, Articles, etc.): _____

I have been a Candidate Member of the Alberta Assessors' Association for at least 12 months: Yes ___ No ___

Application for Accreditation Fee: \$75.00 + GST (# 12223 4610 RT)

- Enclosed OR
- Please Invoice: _____

All cheques are payable to the Alberta Assessors' Association.

I hereby apply for accreditation as an Accredited Municipal Assessor of Alberta (AMAA), request to appear before the Association's Exam Subcommittee for an oral examination, and certify that the information submitted in and with this application is correct and true.

Signed: _____ Date: _____ Witness: _____

For Office Use:

Dates
Application Received: _____
Application/Attachments Reviewed: _____
Oral Examination Passed: _____
Accreditation Approved by Registration Committee: _____

Invoice # _____