



Application for Registration as an Associate Member

1. PERSONAL INFORMATION

SALUTATION [check one]: Ms. Mr. Mx. Other: _____

Last Name First & Middle Names

Preferred Surname(s) Post-nominals & Designations

Home Address

City Province/Territory Postal Code

Home Phone Mobile Phone

Personal Email

Date of Birth Country of Birth

LANGUAGE(S): English French Other: _____

2. EMPLOYMENT INFORMATION

Firm/Business Name

Address Line 1

Address Line 2

City Province/Territory Postal Code

Business Phone Business Fax

Business Email

PRACTICE STATUS [select one]

- Sole Practitioner Employee
 Partner Director (Corporation)

ACADEMIC QUALIFICATIONS

SCHOOL	DEGREE (OR EQUIVALENT)	GRADUATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIRED DOCUMENTATION

I HAVE ENCLOSED THE FOLLOWING WITH THIS APPLICATION:

- Copies of all degrees & equivalent certificates noted above
 Copy of my current Resume / Curriculum Vitae

Payment of the application fee is due once the application is approved by Council

I WILL NOTIFY THE NWTAAs IMMEDIATELY, in writing, of any changes that occur to the information I have supplied on this application.

SIGNATURE

DATE