



## Membership Application

Please complete and send this form to the CILTNA at the below address with your Curriculum Vitae including education and employment history.

For information about the CILTNA, designations, membership dues and member services, visit our website.

### APPLICATION FOR MEMBERSHIP AND PROFESSIONAL DESIGNATION

Student  Affiliate  Member  Chartered Member  Retired

Last Name:.....First Name:.....

Present Position:.....

Organization Name:.....

Mailing Address: .....

City:.....Province/State:.....Postal/Zip Code:.....

Phone: .....Fax: .....

E-mail: .....

I certify that the statements in this form are correct and promise that in the event of my election I will be governed by the By-laws of the Institute and will promote the objectives of the Institute as far as shall be in my power and attend its meetings as often as I conveniently can. Should I at any time desire to withdraw from the Institute, I will, in accordance with the By-laws, after payment of all subscriptions or other sums due from me including the subscription for the current year, send my resignation in writing to the office and return therewith any certificate held by me.

Signature of Candidate:..... Date: .....

**Professional References:** Please provide one (1) professional reference with your application so that your experience can be verified.

Name:..... Phone:.....

Email:.....