



Alberta Assessors' Association

10555 - 172 Street, Edmonton, AB T5S 1P1
Telephone: (780) 483-4222 Fax: (780) 487-7505

membership@assessor.ab.ca
www.assessor.ab.ca

Application for Membership - Student

A qualifying Student Member must be enrolled full time in secondary or post-secondary educational studies and cannot be employed full time in the assessment or appraisal industry. (Policy 80-8, Sec.4.1)

In accordance with Policy 80-8, Membership Categories, I hereby make application for membership in the **Alberta Assessors' Association** as an unregulated Student member.

Name: _____
Last Name First Name Salutation

Business Address: _____
Street City Postal Code

Bus Phone: (____) _____ - _____ Bus Fax: (____) _____ - _____

E-mail: _____

Home Address: _____
Street City Postal Code

Home Phone: (____) _____ - _____

Preferred Mailing Address: Business Home Birthdate: _____
Year/Month/Day

Student membership please indicate the full-time education program or institution you are currently enrolled in.

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 | \$460.00 | \$23.00 | \$483.00 |
| Candidate | \$385.00 | \$19.25 | \$404.25 |
| Associate | \$385.00 | \$19.25 | \$404.25 |
| Municipal Property Tax Administrator | \$200.00 | \$10.00 | \$210.00 |
| Student | \$0.00 | \$0.00 | \$0.00 |

*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.

NOTE: If your full-time student status changes at any time, please contact the Association office.

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. Consent includes the receipt of emails, bulletins and information sent or forwarded by the Association on behalf of the Association, its statutory and discretionary committees, Associate affiliates and partners.

I **Do Not** consent to the above:

Dated: _____ Signed: _____

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 # _____