



# 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 Application & Registration fees

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

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**