



Canadian Network of National Associations of Regulators
Réseau canadien des associations nationales d'organismes de réglementation

MEMBERSHIP APPLICATION FORM

I. IDENTIFYING INFORMATION			
Name of Organization/Association:			
Street Address:			
City:			
Province:			
Postal Code:			
Phone Number:			
Fax Number:			
Email Address:			
Website:			
Association's representative on CNNAR:	First Name:	Last Name:	Title:

II. CLASS OF APPLICABLE MEMBERSHIP

Please choose which category of membership applies to your organization, by checking off option A or B. Then answer the questions by either checking off yes or no.

A. () FULL MEMBER (voting member)

This level of membership is available to one organizational member per profession or occupation (as defined by having supporting self-regulating legislation).

- | | | |
|-----|-----|---|
| Yes | No | |
| () | () | Is your organization a Canadian national organization? |
| () | () | Is your organization non-governmental? |
| () | () | Is your organization not for profit? |
| () | () | Does your organization have as members a majority of eligible provincial/territorial organizations with legislation that delegates public protection through self-regulation? |

Please list the names of provincial regulatory bodies and the associated provincial Acts that establish self-regulation within the jurisdictions.

Province/ Territory	V	Associated provincial Acts
AB		
BC		
MB		
NB		
NL		
NS		
NT		
NU		
ON		
PE		
QC		
SK		
YT		

B. () AFFILIATE MEMBER

This level of membership may be available to organizations not eligible for full membership and/or provincial/territorial organizations where there is no national organization.

Yes No
 Is your organization not eligible for full membership?

Why is your organization not eligible for full membership?

 Is your organization a Canadian organization?
 Is your organization not-for-profit or a governmental organization?

III. DUES

- () Full Member (\$750 + Taxes annual)
- () Affiliate Member (\$750 + Taxes annual)

As of July 1, 2010, tax is based on your province of residence. Please select one :

QC, AB, SK, MB, PEI, please add 5% \$ _____
BC, please add 12% \$ _____
ON, NB, NL, please add 13% \$ _____
NS, please add 15% \$ _____
NT, NU, YT please add 5% \$ _____

IV. METHOD OF PAYMENT

Cheque payable to:

Canadian Network of National Associations of Regulators
3-247 Barr Street
Renfrew, ON
K7V 1J6
1-613-432-9491

V. DECLARATION

I hereby fully understand the types of membership available, undertake that the above information is accurate and true and agree to adhere to CNNAR's Terms of Reference and pay applicable membership dues.

I declare that I have signing authority for my organization.

Name (Please print):	
Signature:	
Title:	
Date:	