



## Membership Application Form 2019/2020

Please note payment must be accompanied with this registration form

### Organization:

I would like to purchase an individual TBAVA membership (\$50.00) for the 2019-2020 membership year:

Name:	Position / Title:
Organization Name:	
Mailing Address: (including postal code)	
Phone:	Fax:
Email:	
Web site address:	

My agency would like to purchase a group TBAVA membership (\$100.00) for the 2019-2020. Group membership is for up to three persons from your organization:

Name #1:	Position / Title:
Organization Name:	
Mailing Address: (including postal code)	
Phone:	Fax:
Email:	
Web site address:	

Name #2:	Position / Title:
Organization Name:	
Mailing Address: (including postal code)	
Phone:	Fax:
Email:	
Web site address:	

Name: #3	Position / Title:
Organization Name:	
Mailing Address: (including postal code)	
Phone:	Fax:
Email:	
Web site address:	

Please describe any skills you would like to share with other TBAVA members:

Professional Development Topic Suggestions:

**Membership year is October 1<sup>st</sup> - September 30<sup>th</sup>**

Please return completed registration form with cheque payable to TBAVA by **September 30, 2019.**

TBAVA Membership Registrar  
PO Box 29126, Thunder Bay, ON P7B 6P9

**For Office Use Only:**

Date Received:	Secretary Notified:
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