

Membership Application Form 2023/2024

Please note payment must be accompanied with this registration form.

Member Name:	Position / Title:
Organization Name:	L
Mailing Address: (including postal	code)
Phone:	Email:
Website address:	
October 1, 2023 – Sept 30, 2024. Organization Name:	Website Address:
	(\$100.00) for up to 3 representatives of one organization
Organization Name:	Website Address:
Member Name 1:	Position/Title:
Member Name 1:	Position/Title: Phone:
Member Name 1:	
Member Name 1: Member Name 2:	Phone:
	Phone: Email:
	Phone: Email: Position/Title:
	Phone: Email: Position/Title: Phone:
Member Name 2:	Phone: Email: Position/Title: Phone: Email:

Please describe any skills you would like to share with other TBAVA members:		
Please share your suggestions for Professional Development:		
Membership Year is October 1st to Sept 30 th .		
Please return your completed registration form 30, 2023.	with cheque payable to TBAVA by September	
Mail to:		
TBAVA Membership Registrar		
PO Box 29126, Thunder Bay ON P7B 6P9		
Please direct questions regarding membership t via email karen.shaffer@tbh.net.	o Karen Shaffer, TBAVA Membership Registrar	
For Office Use Only:		
Date Received:	Secretary Notified:	