

## Membership Application Form 2013-2014

### **Membership**

Please complete the following:

<b>Name</b> of Career College/Institution:	
Address:	
City, Province, and Postal Code:	
Name of <b>designated</b> representative:	
<b>Position Title</b> of designated representative:	
Telephone Number:	
Fax Number:	
E-mail of voting representative:	
Web site:	
<b>College Director/Manager:</b>	
<b>Student Loan contact:</b>	
<b>Total Number of Employees (including part-time):</b>	
<b>Total Number of Students served in the last fiscal year:</b>	

### **Type of Membership**

Please check ONE membership type:

A **Full member** provides educational and training services at least one of which is currently a government designated program.

An **Associate** member provides educational and training services but does not currently have any government designated programs.

### **Payment**

Please check your membership type and submit your payment according to the following schedule:

**Full Membership**  
Payment is \$600.00 per year (includes NACC membership)

**Associate Membership**  
Payment is \$600.00 per year (includes NACC membership)

## **For Full Members**

Please specify which government ministry (or ministries) provides your designation(s):

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### **Agreement**

As the undersigned, I hereby certify willingness of my Career College to abide by the current Bylaws of the Alberta Association of Career Colleges (AACC) and to support its mission, vision and goals. Furthermore, by affixing my signature here, I declare that on behalf of the Career College that I represent, that the information I have submitted is correct and that permission is given to use this contact information in all normal Association business.

Full name (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Your Issues**

Please list the top three issues for your College: (use the back of the page for more issues):

- 1.
- 2.
- 3.

### **Information Distribution**

Please indicate which method you prefer when we communicate with you:

\_\_\_\_\_ e-mail      \_\_\_\_\_ Fax      \_\_\_\_\_ Mail

Please return this completed form and your cheque payable to  
AACC to the following address:

AACC Office  
Box 34155, 126 Kingsway Garden  
Edmonton AB T5G 3G4

Thank you. This information helps AACC to serve you better.

***One Voice... We are strong together!***