



Associate Chartered Member Application Form

The Institute of Chartered Technical Practitioners of Canada

(Founded in 1954, Incorporated by Federal Charter in 1979)

Associate Chartered Members are entitled to use the designation of 'AChM' after their name.

PLEASE PRINT CLEARLY

Mr. Ms.

First Name _____ Last Name: _____

Primary E-mail Address: _____ Date of Birth: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____ Country: _____

Home Telephone: _____

EMPLOYER:

Name of Employer: _____

Employer Address: _____

Number of Years with your employer: _____ Business Telephone: _____

Employment Title/Position: _____

EDUCATION:

Name of Institution: _____

Highest Diploma / Degree Earned: _____ I have attached a copy of my certificate

My preferred method of communication is: Email Postal Mail at Home Postal Mail at Work

MEMBERSHIP:

I hereby apply for the Associate Chartered Membership category as:

\$110.00 Cdn. Associate Chartered Member – Canadian Resident I have enclosed my payment

\$120.00 Cdn. Associate Chartered Member – Outside Canada I have enclosed my payment

PAYMENT METHOD Cheque (payable to ICTPC) Money Order (payable to ICTPC)

CODE OF ETHICS: By joining the Institute of Chartered Technical Practitioners of Canada, I agree to abide by its Code of Ethics (available at www.ictpc.ca)

Please mail your application form and payment to:

The Institute of Chartered Technical Practitioners of Canada
1800 Sheppard Avenue East, P.O. Box 55036, Toronto, Ontario M2J 5B9, Canada