



First Nations Tax Administrators Association Membership Application



Name _____

Position _____

Organization _____

Address _____

Phone _____ Fax _____

Email _____

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | Regular Membership | <u>\$250.00</u> |
| | Employees of any First Nation or Indian Band who are interested in or engaged in the development, implementation or administration of a programme or department of taxation or revenue generation on behalf of the First Nation or Indian Band. | |
| <input type="checkbox"/> | Associate Membership | <u>\$250.00</u> |
| | Members who have left First Nations of Indian Band employment or service through retirement or resignation, and to employees of a First Nation or Indian Band not otherwise eligible for regular membership. A person granted an associate membership is not entitled to vote at general meetings or to be a director. | |
| <input type="checkbox"/> | Affiliate Membership | <u>\$500.00</u> |
| | Persons having an interest in First Nations or Indian Band taxation and revenue generation issues. Each application for affiliate membership is subject to the approval of the Board of Directors. A person granted an affiliate membership is not entitled to vote at general meetings or to be a director. | |

Please make cheques payable to **First Nations Tax Administrators Association**
 Please mail to FNTAA c/o 1500D Admirals Road, Victoria BC V9A 2R1
 For more information email info@fntaa.ca

| | |
|-----------------------|----------------|
| Amount Received _____ | Date _____ |
| Received By _____ | Member # _____ |

Board Approval (required for Affiliate Memberships)

Thank you for supporting the First Nations Tax Administrators Association