



First Nations Tax Administrators Association CFNTA Annual Certificate Maintenance Form



Name _____

Position _____

Organization _____

Address _____

Phone _____ Fax _____

Email _____

I attended the FNTAA Annual National Forum during the previous year

I attended other Professional Development:

_____ Date _____ Location _____

Description:

Subject to FNTAA Board Approval

Signed: _____
CFNTA Member

Date _____

For more information email info@fntaa.ca

Approved by FNTAA Board of Directors

Date _____