



# First Nations Tax Administrators Association

## Membership Application

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | <b>Regular Membership</b><br>Chief, councilors, and employees of any First Nation or Indian Band who are interested in or engaged in the development, implementation, or administration of a program or department of taxation or revenue generation on behalf of the First Nation or Indian Band.  | <b>Annual Due</b><br><u><b>\$250.00</b></u> |
| <input type="checkbox"/> | <b>Certified First Nation Tax Administrator (CFNTA)</b><br>Attached Application or Annual Certificate Maintenance Form  | <u><b>\$350.00</b></u>                      |
| <input type="checkbox"/> | <b>Associate Membership</b><br>Members who have left First Nations or Indian Band Employment or Service through retirement or resignation, and to employees of a First Nation or Indian Band not otherwise eligible for a regular membership. A person granted an associate membership is not entitled to vote at general meetings or to be a director. | <u><b>\$250.00</b></u>                      |
| <input type="checkbox"/> | <b>Affiliate Membership</b><br>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.             | <u><b>\$500.00</b></u>                      |

Please make cheques payable to **First Nations Tax Administrators Association**  
 Please mail to FNTAA c/o 45855 Promontory Road, Chilliwack, BC V2R 0H3  
 For more information email [info@fntaa.ca](mailto:info@fntaa.ca)

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Amount received _____	Date _____
Received by _____	Member # _____
Board approval (required for Affiliate Memberships) _____	

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**Thank you for supporting the First Nations Tax Administrators Association**