



## 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>\$150.00</b></u> |
| <input type="checkbox"/> | <b>Certified First Nation Tax Administrator (CFNTA)</b><br>Attached Application or Annual Certificate Maintenance Form  | <u><b>\$250.00</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>\$150.00</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>\$400.00</b></u>                      |

Please make cheques payable to **First Nations Tax Administrators Association**  
 Please mail to FNTAA c/o 29-6014 Vedder Road, Chilliwack, BC V2R 5M4  
 For more information email [info@fntaa.ca](mailto: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**