



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: _____ Date _____
 CFNTA Member

Please mail to FNTAA c/o 1100 Admirals Road, Victoria BC V9A 2P6
 For more information email info@fntaa.ca

Approved by FNTAA Board of Directors _____ Date _____