



First Nations Tax Administrators Association Membership Application

Name _____
 Position _____
 Organization _____
 Address _____

 Phone _____ Fax _____
 Email _____

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Regular Membership
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. | Annual Due
<u>\$250.00</u> |
| <input type="checkbox"/> | Certified First Nation Tax Administrator (CFNTA)
Attached Application or Annual Certificate Maintenance Form | <u>\$350.00</u> |
| <input type="checkbox"/> | Associate Membership
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>\$250.00</u> |
| <input type="checkbox"/> | Affiliate Membership
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>\$500.00</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

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

Thank you for supporting the First Nations Tax Administrators Association