

Membership Application Form 2018-2019

Membership

Please complete the following:

Name of Career College/Institution:	
Address:	
City, Province, and Postal Code:	
Name of designated representative:	
Position Title of designated representative:	
Telephone Number:	
Fax Number:	
E-mail of designated representative:	
Web site:	
College Director/Manager:	
<u>Total Number of Employees</u> (including part-time):	
<u>Total Number of Students</u> served in the last fiscal year:	

Type of Membership

Please check ONE membership type:

- A **Full member** provides programs licensed by the Private Career Colleges branch.
- An **Associate** member provides educational and training services but does not currently have any PCC licensed programs.

Payment

Please check your membership type and submit your payment according to the following schedule:

- Full Membership**
Payment is \$600.00 per year (includes NACC membership)
- Associate Membership**
Payment is \$600.00 per year (includes NACC membership)

Agreement

As the undersigned, I hereby certify willingness of my Career College to abide by the current Bylaws of the Alberta Association of Career Colleges (AACC) and to support its mission, vision and goals. Furthermore, by affixing my signature here, I declare that on behalf of the Career College that I represent, that the information I have submitted is correct and that permission is given to use this contact information in all normal Association business.

Full name (Please print) _____

Signature: _____

Date: _____

How can we support you?

Please describe any issues your college may be facing:

- 1.
- 2.
- 3.

If you prefer to pay by cheque you can make the cheque payable to AACC and mail to the following address:

AACC Office
Box 34155, 126 Kingsway Garden
Edmonton AB T5G 3G4

Thank you. This information helps AACC to serve you better.

One Voice... We are strong together!