



Certified Local Government Manager

Society of Local Government Managers of Alberta

APPLICATION FOR MEMBERSHIP AS AN ASSOCIATE MEMBER

Please complete all information requested on both sides of this application. Please print clearly.

Name: Last First Middle Initial

Present Address: No. Street City Province Postal Code

Phone No.: Cell No.: Email Address:

Associate Membership - Fee \$365.00 Associate - Section 10 Local Government Managers Regulation (please check box)

Educational Qualification - Please enclose a photocopy of diploma or certificate

Table with 6 columns: Type of School, Name and Address, From, To, Graduated, Course or Major. Rows include Post-Secondary, Post-Graduate, Business/Trade, and Other.

Are you presently enrolled in a program or a course of study? Yes No If Yes, what?

If you have obtained other professional designations, please complete this section.

Designation: Year Obtained: Designation: Year Obtained:

Work Experience Qualification (example provided)

Table with 3 columns: Dates (From/To), Name and Address of Municipality, Position Title. Example: Oct/15 Jan/22 Town of Claresholm, AB Box 00, Claresholm, AB Chief Administrative Officer

Reporting to: Council, responsible for the general management and statutory functions.

Work Experience Qualification (List in reverse order, latest employer first)

Dates		Name and Address of Municipality	Position Title
From	To		
Reporting to:			
Reporting to:			
Reporting to:			
Reporting to:			

STATUTORY DECLARATION

I _____ do solemnly declare that:

All information given herein as part of this application for registration is true and complete.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Declared before me at _____ in the Province of _____ this _____ day of _____, _____.

 Commissioner for Oaths/Notary Public for
 Province of: _____
 Print name: _____
 My Commission Expires: _____

 Applicant's Signature

I agree, if this application for registration is approved to observe and be bound by the Bylaws of the Society of Local Government Managers of Alberta, including the Code of Ethics.

_____, _____
 Applicant's Signature

Please return with a cheque or E transfer in the amount of \$365.00 (GST does not apply) to the:

Society of Local Government Managers of Alberta
 P.O. Box 308, 4629-54 Ave., Bruderheim, Alberta T0B 0S0
 Attention: Linda M. Davies, CLGM