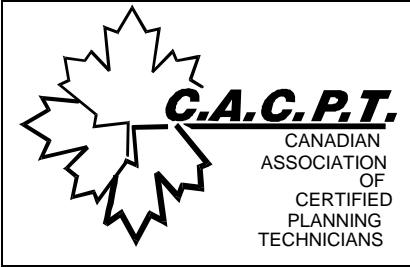


To be sent or faxed to your previous employer separately from the full application, do not send full application with this appendix.



**APPENDIX "A"
TECHNICAL EMPLOYMENT VERIFICATION**

APPLICATION FOR MEMBERSHIP

P.O. Box 3844, Stn C, Hamilton, Ontario L8H 7R6
Phone: (905)578-4681 Fax: (905) 578 9581 Email: director@cacpt.org

APPLICANT'S NAME: _____ **MEMBERSHIP CATEGORY** _____

Full Member

A full member is a person who:

1. is a graduate of a recognized Planning Technician program with a minimum of two years technical planning experience; or
2. has a planning related university degree, plus two years of relevant technical planning experience (at the discretion of the Registration Board); or
3. is a non-graduate or has graduated from a program other than a planning technician program, but has a minimum of six years of relevant technical planning experience (at the discretion of the Registration Board).

Note: The work experience in all cases may include a maximum of six months of full-time student co-op employment.

Associate Member

An associate member is a person who:

1. is qualified as a planning technician but has not completed the work experience requirement of Council for certification as a full member, but has surpassed the requirement for student members and contemplates applying for full membership when eligible; or
2. by training, experience or occupation has a direct interest in the field of planning technology, but does not meet the full experience or academic requirements for full membership (at the discretion of the Registration Board.)

JOB DESCRIPTION – PREVIOUS POSITIONS (THIS MUST BE SIGNED BY YOUR PREVIOUS SUPERVISOR IF YOU DO NOT HAVE THE REQUIRED YEARS OF TECHNICAL EXPERIENCE TO QUALIFY FOR FULL MEMBERSHIP IN YOUR CLASSIFICATION AT YOUR CURRENT POSITION.

Please submit a detailed job description of your previous planning related position/s below. Your previous Supervisor or Manager must attest to the accuracy of your job description during the time frame outlined by signing below

GUIDELINES: Note:

Please indicate the following:

- a) Job title, department, employer, person to whom you report to and his/her title and employment dates
- b) Describe the various functions of the job and the relative importance of the various functions. Indicate the approximate percentage of time spent on each function.
- c) Do you have any supervisory responsibilities? Indicate the number of people involved.
- d) Provide additional information regarding any special equipment used in your employment, committees, boards, etc. you attend.

Previous Positions:

Title: _____ Employment Dates: From: _____ To: _____

