



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

Please Note: The application fees must accompany the application and are non-refundable. These fees are not considered part of your annual Association dues in which you will be advised upon once you have been assessed.

MEMBERSHIP INFORMATION - APPLICANT'S NAME: _____

I hereby make application for: (please check one)

- | | |
|--|--|
| <input type="checkbox"/> Full Membership \$30.00 <input type="checkbox"/> Category 1 or 2 (See below) <input type="checkbox"/> Category 3 (See below) | <input type="checkbox"/> Associate to Full Membership \$30.00 (This category is for current Associate Members who are upgrading to Full Membership) |
| <input type="checkbox"/> Associate Membership \$20.00 | <input type="checkbox"/> Student to Associate Membership \$20.00 (This category is for current Student Members who are Upgrading to Full Membership) |
| <input type="checkbox"/> Student Membership | |

MEMBERSHIP CATEGORIES & QUALIFICATIONS:

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.)

Student Member

A student member is a person who is enrolled in a recognized Planning Technician program.

Note: Associate and Student members do not have the right to vote or hold office

APPLICANT INFORMATION

Miss Mrs. Ms. Mr. (please check one)

Name: _____

Address: _____

Town/City: _____

Postal/Zip Code: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

Employer Name: _____

Employer Address: _____

Town/City: _____

Postal/Zip Code: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

Please specify from the above to where all communications/correspondence should be sent:

ACADEMIC QUALIFICATIONS

| SECONDARY SCHOOL | Location | Years (From/To) | Diploma/Grade Achieved |
|------------------|----------|-----------------|------------------------|
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| POST SECONDARY SCHOOL Institute, College, University | Location | Years (From/To) | Diploma/Grade Achieved |
|---|----------|-----------------|------------------------|
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(PLEASE INCLUDE DIPLOMAS OR OFFICIAL TRANSCRIPTS FOR ASSOCIATE AND FULL MEMBERSHIP LEVELS)

| PART TIME STUDIES Institute, College, University | Location | Years (From/To) | Diploma/Grade Achieved |
|---|----------|-----------------|------------------------|
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(PLEASE INCLUDE DIPLOMAS OR OFFICIAL TRANSCRIPTS FOR ASSOCIATE AND FULL MEMBERSHIP LEVELS)

TECHNICAL EXPERIENCE

Please provide a chronological list utilizing the following headings for technical planning positions.

CURRENT:

Position: _____ From (MM/YY): _____ TO (MM/YY): _____

Employer: _____ Address: _____

Supervisor's Name _____ Supervisor's Title _____

Supervisor's Phone Number: _____ Supervisor's e-mail _____

PREVIOUS:

1. Position: _____ From (MM/YY): _____ TO (MM/YY): _____

Employer: _____ Address: _____

Supervisor's Name _____ Supervisor's Title _____

Supervisor's Phone Number: _____ Supervisor's e-mail _____

2. Position: _____ From (MM/YY): _____ TO (MM/YY): _____

Employer: _____ Address: _____

Supervisor's Name _____ Supervisor's Title _____

Supervisor's Phone Number: _____ Supervisor's e-mail _____

3. Position: _____ From (MM/YY): _____ TO (MM/YY): _____

Employer: _____ Address: _____

Supervisor's Name _____ Supervisor's Title _____

Supervisor's Phone Number: _____ Supervisor's e-mail _____

I hereby certify that the information contained in the above noted job description is considered accurate and the applicant has been engaged in these activities during the employment dates specified above. Please review and check the following (please check)

Full Membership: (See Information on Page 1 regarding categories and qualifications)

- That the applicant has fulfilled the required two years of technical planning related experience for category 1 and 2 applications as outlined on page one of this application
- That the applicant has fulfilled the required six years of technical planning related experience for category 3 applications as outlined on page one of this application
- That the applicant has fulfilled (please add number) _____ **years** of technical planning related experience as part of the requirements for full membership

Associate Membership: (See Information on Page 1 regarding categories and qualifications)

- That the applicant has fulfilled (please add number) _____ **years** of technical planning related experience as part of the requirements for full membership

| | | | |
|-------------------------------------|------------------------|----------|------|
| Supervisor's Name (Please print) | Supervisor's Signature | Position | Date |
|-------------------------------------|------------------------|----------|------|

Checklist prior to submitting application:

- Page one:** mark the category of membership (Associate to Full and Student to Associate are only for current members upgrading their membership category, if this is your first application please fill in "Full", "Associate" or "Student" on the right hand side.
- Page two:** contact information complete – home and employers information
- Page three:** academic diplomas or official transcripts included along with the listing
- Page four:** Listing of current and all previous technical positions including supervisor's names and contact information
- Page five and six:** Description of current technical planning position signed by your supervisor or manager
- Appendix A** – If you do not have the required technical planning experience at your current position for full membership you must include "Appendix A" signed by previous supervisor. (For Associate members, if you wish to use previous employment as part of your required experience for future Full membership, you must have Appendix A completed and signed by your previous supervisor.

Please submit a copy of Appendix A for each position that will comprise your technical experience requirements

CERTIFICATION BY APPLICANT:

I hereby certify that the information contained in this application (including Appendix A) is true and correct to the best of my knowledge.

Applicant's Signature

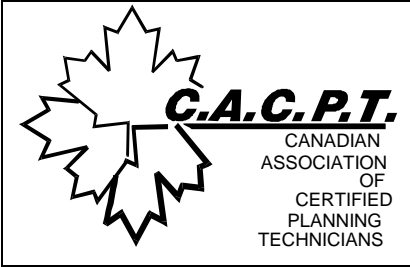
Date

FOR REGISTRAR'S USE ONLY

Date of Review: _____ Reclassification Date (if applicable): _____

Comments:

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

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Phone: (905)578-4681 Fax: (905) 578 9581 Email: director@cacpt.org

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

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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:

- e) Job title, department, employer, person to whom you report to and his/her title and employment dates
- f) 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.
- g) Do you have any supervisory responsibilities? Indicate the number of people involved.
- h) Provide additional information regarding any special equipment used in your employment, committees, boards, etc. you attend.

Previous Positions:

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