First Nations Education Administrators Association
MEMBERSHIP APPLICATION FORM

The First Nations Education Administrators Association (FNEAA) is a national professional body that builds capacity with First Nations Education Administrators, Directors of Education, and other organizations.

PERSONAL INFORMATION

Name:..... Designation(s):.....

Home Address: ..... City:..... Prov/Terr:..... Postal C:.....

Home Email:..... Home Tel: (.....) ..... - ..... Cell: (.....) ..... - .....

EMPLOYMENT INFORMATION

Employer Name:..... Title:.....

Employer Address:..... City:..... Prov:/Terr..... Postal C: .....

Work Email:..... Work Tel: (.....) ..... - ..... Ext: ..... Cell: (.....) ..... - .....

ADDITIONAL INFORMATION

Please send correspondence to
[ ] Home [ ] Work
Your dues are paid by: [ ] Employer
[ ] Yourself

OPTIONAL INFORMATION

Gender [ ] Age: [ ] Under 30 [ ] 31-50 [ ] 50+
Education Level: [ ] Elementary [ ] High School [ ] Undergraduate
[ ] Post-Graduate [ ] Certification [ ] Traditional Knowledge

Are you: [ ] First Nation [ ] Métis [ ] Inuit [[ ] Non-Indigenous
Nation: _____

MEMBERSHIP DUES

[ ] Regular $250
[ ] Student(Requires student identification).....$25
[ ] Traditional Elder $25
[ ] Senior/Retired $25
[ ] Corporate – First Nations Organization.....$500
[ ] Corporate – Business/Government.....$750

NOTE: GST/HST exempt (*Please include proof of tax exemption at time of application (Employer pays: include a letter of exemption from your employer; Pay yourself: include a copy of your status card and you must have an on-reserve mailing address).*

TOTAL DUE

Dues $_____

Plus GST/HST for Member types:		**ADD**
Regular/Student/Elder	*13% HST*	$_____
Corporate members from:		
ON	*13% HST*	$_____
NB, NL, NS, PE	*15% HST*	$_____
Other provinces	*5% GST*	$_____

Total Due **$_____**

PAYMENT OPTIONS

Payment by: [ ] Visa [ ] MasterCard [ ] AMEX [ ] Cheque (payable to FNEAA) [ ] Send Invoice

Card No: _____ Exp Date: _____ *mm/yy*

_____ _____ CVV: _____

Cardholder's Name Signature

AGREEMENT

By submitting your application for membership with FNEAA, you consent to receive updates and promotions.
[ ] By clicking this box, you **will not receive** updates and promotions from the FNEAA by mail and electronically.

I hereby submit my application for membership with FNEAA

Applicants Signature:_____ Date:_____