

Newfoundland and Labrador Association of Career Practitioners

MEMBERSHIP APPLICATION FORM

---IMPORTANT INFORMATION---

- Submit completed applications to:

P.O. Box 28017
Kenmount Road
St. John's, NL
A1B 4J8

membership@nlacp.com

- General information regarding any section of this application can be viewed and printed from the NLACP website: www.nlacp.com
- A confirmation letter confirming the status of your application, along with necessary payment information will be emailed to you at the address provided in this application.
- All membership correspondence should be directed to: membership@nlacp.com

Section 1 PERSONAL IDENTIFICATION

- a) Full Name

_____/_____/_____
(First) (Middle) (Last)

- b) Mailing Address

_____/_____
(Street/Apt #) (City/Town & Province)

(Postal Code)

- c) Contact Information

Home Phone: _____ Work Phone: _____

*Email Address: _____

**Notification of the status of your application will be directed to the email address provided.*

Section 2

EMPLOYMENT INFORMATION

I am not affiliated with an employer (*proceed to section 3*)

Name of Organization: _____

Address: _____
(Street Address)

_____/_____
(City/Town & Province) (Postal Code)

Position/Job Title: _____

Description of job duties:

Professional Development:
(ex. training, workshops etc.) _____

Section 3

STUDENT INFORMATION

Name of College/University: _____

Program of Study: _____

Year of Study: Year ____ of ____

Section 4

REGISTRATION INFORMATION

Place an “x” in the appropriate box to indicate the type of membership you are requesting. In order to view the criteria and benefits of each membership category please visit the website at www.nlacp.com. These details are also contained in the general information package which can be printed in PDF from the website.

Check one:

- Practitioner Member (\$75)
- Associate Member (\$50)
- Student Member (\$25)
- Ex-Patriot Member (\$35)

Section 5	NLACP CORRESPONDENCE
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Periodically, the NLACP will send, via mass mail out, information pertaining to the Association’s activities including newsletters and event notifications. Please indicate your preference for receiving this information below.

Check one:

- Yes, please send correspondence regarding NLACP initiatives, including newsletters and event notifications, to my place of employment (please provide complete mailing address).
- No, I do not wish to receive any information regarding the NLACP’s initiatives at my place of employment.
- Please send all NLACP correspondence to my home address as provided in this application.
- I do not wish to receive any correspondence from the NLACP regarding its initiatives.

Section 6	ADDITIONAL PERSONAL DETAILS
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Please provide any additional information you would like us to consider in processing your application:

Section 7	OF SPECIAL INTEREST
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Throughout the year, the NLACP will provide opportunities for its members to become directly involved in the planning and implementation of various initiatives. By checking the boxes below, your name will be added to the NLACP’s database of potential volunteers. You may be

subsequently contacted by an NLACP representative to discuss your interest and availability for participation in specific activities.

Check Area(s) of Interest:

- Communications (E-News, Website) Professional Development
- Communications (Press, Advertising, Promotion) Event Planning
- Membership (Membership Drive, Benefits)
- Other (Please explain):

Section 8	CONSENT
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I understand that information contained in this application is considered confidential and will be used only by the Newfoundland and Labrador Association of Career Practitioners' Board of Directors (or any employee of the Association deemed appropriate by the Board of Directors) for the purpose of assessing membership status or for any other purpose as previously described in this application. I hereby give my consent for the sharing of this information for these purposes.

Signature: _____

Date: _____

---OFFICE USE ONLY---

Application Assessed By: _____

Date Assessed: _____

Assessment Result: _____

Membership Category: _____

Notes: _____

