

ACOC

MEMBERSHIP APPLICATION FORM

1. Personal information:

- Applicant Name: _____
- Company Name: _____
- Address: _____
- Phones: Home _____ Office _____ Fax _____
- E-mail Address: _____
- Website: _____

2. Are you associated with a company managed by someone else? Yes ___ No ___

- If so, please specify below:
 - Name of Company: _____
 - Address: _____
 - E-mail address: _____
 - Website: _____

3. In which Government Departments/Agencies were you employed? _____

4. Are you presently active in the provision of classification consulting services? Yes ___ No ___

5. List below the areas of classification or other fields of consulting services that you provide, i.e., Job/Work Description Writing, Organization Design, etc.

- _____
- _____
- _____
- _____

6. Membership Fee

The annual membership period is from 1 June until 31 May, and the membership fee is \$25.00 per year (or as amended by the ACOC Executive). This fee must be paid in full by June 30th. New members joining the Association subsequent to the month of June may pay a prorated membership fee as shown below:

Month of Enrolment	Cost
July or August	\$25.00
September to November	\$20.00
December to February	\$15.00
March or April	\$10.00
May	\$ 5.00

When completed, please give or mail this application form, together with your full membership fee, as indicated above, payable to the Association of Classification and Organization Consultants, to the Secretary/Treasurer shown below:

John P. Carrocetto
945 Beaudry Street
Ottawa, Ontario
K1K 3R9

Signature of Applicant : _____

Date: _____