



**ARMAA**

## MEMBERSHIP APPLICATION

Name of Applicant: \_\_\_\_\_

Municipality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emailing Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

❖ **Current Position:**

CAO (or equivalent)

Director

Manager

**OR**

Senior position directly reporting to the above noted position(s)

*Title:* \_\_\_\_\_

**OR**

Associate Member Application

❖ **Number of Years in Municipal Administration:**

❖ **Description of Current Position:**

❖ **Summary of Post Secondary Education:**

❖ **Other Information Deemed Important by Applicant**

**Total Due:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

Endorsed By: \_\_\_\_\_  
(Approving officer from the Applicant's municipality)

Title: \_\_\_\_\_

➤ *Applications are received via email only: [armaadirector@gmail.com](mailto:armaadirector@gmail.com)*

➤ *Payment instructions will follow via email once the membership application has been approved.*