



### Application for Regular or Associate Membership

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

MEMBERSHIP REQUESTED: ☐ Regular (\$100) ☐ Associate (\$50)

### EDUCATION

Institution	Course/Degree	Certificate/ Diploma/Degree	Begun Month/Year	Successfully Completed Month/Year

**EXPERIENCE** – Begin with present or last position; include temporary and summer employment. If space is inadequate to provide complete employment history, please use a separate sheet.

Employer and Address	Position	From	To	Duties

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form to:

Municipal Development Officers Association

c/o Kirsten Duncan, Secretary

Town of Kentville

E-mail: [kduncan@kentville.ca](mailto:kduncan@kentville.ca)

For Office Use Only

Approved: \_\_\_\_\_

Refused: \_\_\_\_\_

Date: \_\_\_\_\_