

OACA

(Ontario Association of Committees of Adjustment and Consent Authorities)

APPLICATION FOR ACCREDITATION

Please See Requirements Page
ACST_____ ACST(A)_____ (New Application_____ Renewal_____)

The information being collected in this form is for the purpose of determining if the applicant meets the standards set for "Accreditation". This information will be kept confidential and will be used for no other purpose than has been stated above. **The ACST and ACST(A) designations are the Property of OACA. In order to use these accreditations you must remain a member in good standing (see requirements).**

OACA MEMBERSHIP CARD NO.	Member Since:
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Name: Mr./Ms./Miss/Mrs.	
Home Address:	Home Telephone Number:
	Postal Code:
Business Address:	Business Telephone Number:
	Postal Code:
Please indicate to which address and telephone number you would prefer communications: Home _____ Business _____	

Name of Committee:
Powers of Committee: Both Consents and Minor Variances _____ Consents Only _____ Minor Variances Only _____
Applicant's Current Title:
Years of Experience: Secretary-Treasurer _____ Assistant Secretary-Treasurer _____ Related Staff Member _____ Committee Member _____

Post Secondary and academic qualifications (please attach supporting documentation or other information you feel may support your application):
Have you successfully completed the Primer on Planning Course/When?
OACA Conferences/Seminars attended in the last 5 years (including municipality and year for each)

Signed: _____ Dated: _____

Please forward this application, together with the Application Fee of **\$50.00** (payable to OACA) to:
Linda Gavey, OACA Secretary-Treasurer, P.O. Box 568, Cayuga, Ontario N0A 1E0.