

Office Notes:



**Alberta Court Interpreters Association
(ACIA)**

P.O. Box 331, Station M
Calgary, Alberta T2P 2H9

Incorporated on December 09, 2004

email address: info@acia-alberta.org

MEMBERSHIP APPLICATION

APPLICANTS: after reviewing all pertinent information on our website at www.acia-alberta.org, please *complete this application and submit required documents in one single package to the above address.* Fees remitted along with this form will only be deposited if/when the application is successful and you are accepted as a new Member of ACIA. If you chose to pay your dues via interac e-transfer, ACIA will contact you to provide you with the relevant instructions. You will also be contacted by ACIA to send a digital file with your current photograph in JPG format.

RENEWING MEMBERS: please fill and *submit only page 1* of this form *if no changes or updates are required* on your file. ACIA will contact you if you are required to update your photograph.

| |
|---|
| Names: LAST _____ First _____ Middle _____ |
| Fees payable - cash payments are NOT accepted: <ul style="list-style-type: none"><input type="radio"/> New Members Website One-Time Fee: \$50.00<input type="radio"/> Annual Membership: \$100.00 <p style="text-align: right;">Total: \$ _____</p> |
| Method of payment - circle appropriate: interac e-transfer (<i>ACIA's preferred method</i>) cheque bank draft money order Cheques, bank drafts and money orders should be made payable to: ACIA. Interac e-transfer |

Signature

Date (yyyy/mm/dd)

IMPORTANT: By signing this document, you are indicating that you have read and that you agree to abide by the ACIA Code of Ethics and Professional Conduct.

Office Notes:

| | | |
|------------------------------------|--|---------------------------|
| Date of birth (yyyy/mm/dd): | MALE FEMALE (Circle appropriate) | Country of origin: |
|------------------------------------|--|---------------------------|

Full residential address and postal code:

Telephone No.:
Home: _____ Office: _____ Mobile: _____

Email address:

Website:

Language(s) designated ISO:
Spoken: _____ Read: _____ Written: _____

Accreditation submitted to substantiate fluency - circle appropriate:
ILVARC | CILISAT | Other: _____

Education/training information - ACIA does not currently train, certify, or provide accreditations:

- 1.
- 2.
- 3.

List highest obtained qualification first.

Interpreter experience:

- 1.
- 2.
- 3.

Organization, length of time, etc.

Current employment information:

Work references:

- 1.
- 2.

Names, phone number(s), and contact email address.

Application to be submitted with one of the following documents - circle appropriate:

Police Clearance | Security Clearance | Reliability Check | Other: _____

Document must be valid until year-end of membership, on the 1st day of the month of May each year.

CODE OF ETHICS MUST BE READ, SIGNED, AND SENT ALONG WITH THIS FORM!