

PMAC Fellowship (FPMAC) Application Form

Personal Information	
Full Name:	
Date of Birth:	
Citizenship:	

Contact Information			
Address:			
City:		Prov:	
Country:		Postal Code:	
Home Phone:			
Cell Phone:			
Fax:			
Email:			

Employment			
Job Title:			
Employer:			
Industry:		# Staff:	
Address:			
City:		Prov.:	
Country:	Canada	Postal Code:	
Work Phone:			
Current Assignment:			

Professional Information			
PMAC Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PMAC #:	
PMAC Corporate Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PMAC #:	
Degrees:			
Certifications:			

Candidate Acceptance of Terms			
<i>I hereby consent to becoming a PMAC Fellow. I agree to be bound by the PMAC Code of Professional Conduct. Copies can be downloaded at www.PMAC-AGPC.ca. I also consent to the publishing of my name should I be accepted as a Fellow.</i>			
Signature:		Date:	

Please email the completed form and portfolio of evidence to membership@pmac-ampc.ca