



OACA

(Ontario Association of Committees of Adjustment and Consent Authorities)

APPLICATION FOR ACCREDITATION

Please See Requirements Page

ACM_____ ACM(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 ACM and ACM(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.	
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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: Chair_____ Committee Member_____

Member Since:_____
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:
OACA, 1562 Otonabee Drive, Pickering ON L1V6T6