



APPLICATION FOR MEMBERSHIP 2020

APPLICANT INFORMATION – INDIVIDUAL MEMBERSHIP - ONLY

Name:

Email:

Phone:

Cell:

Current address:

City:

Province:

Postal Code:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Phone:

E-mail:

Fax:

City:

Province:

Postal Code:

Information protected by the UVMA 's
privacy of information policy available at
www.uvma.ca

I AGREE TO THE PRIVACY POLICY

APPLICATION FEE - PAYMENT

Payments can be made through
Pay Pal, credit card or Cheque

Individual only member Fee \$85.00

Total **\$85.00**

MC/VISA

Authorization Date:

Card #

Name on Card:

Expiry Date:

CVV#

Signature

INTERESTS IN THE UTILITY INDUSTRY

Training/Academic

Management

Information

Personal Development

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. I agree to follow the UVMA Code of Ethics as stated on the website www.uvma.ca

Signature of applicant:

Date:

Email Application to: val@uvma.ca or Mail to : Box 3247 Leduc, AB T9E 6M1