**APCITG**

**Membership Application Form**

**( FOR OFFICE USE ONLY)**



Member Registration Date:

enter

Membership Status:

[ ] Accepted

[ ] Denied Reasons: enter

Payment Received: Yes[ ]  No[ ]

**First Name:** enter

**Last Name:** enter

**Email:** enter

**Phone:** enter

**Home Address:**  enter

**City:**  enter

**Province: enter**

**Postcode:**  enter

**Memberships:** [ ] **New** [ ] **Renewal**

**Please select one:** [ ]  **Membership** [ ]  **Membership with workshops**

**Select Workshops:** (6 workshops at no charge)

[ ] Maximize Interpreter’s Career

[ ] Legal document Sight Interpretation

[ ] Medical cases study

[ ] Medical Interpretation Skills

[ ] Simultaneous Interpretation Skills

[ ] Video Interpretation Skills

[ ] Consecutive Interpretation Skills

[ ] How to deal with challenged cases

[ ] Power of Attorney Personal Property

[ ] Power of Attorney Personal Care

Interested in the volunteer program: Yes [ ]  No [ ]  If yes, please fill out the [APCITG Volunteer Application](https://www.apcitg.org/join-apcitg) Form.

**!** **By entering your name here** enter i**t acts as your official electronic signature !**

45 Sheppard Ave. East 900 Toronto ON M2N 5W9 [www.apcitg.org](http://www.apcitg.org) Email: inquiry@apcitg.org 416 830 5125