**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 !**



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