



APPLICATION FOR REINSTATEMENT TO MEMBER STATUS

NAME OF APPLICANT:

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Residence Address: Postal Code:

Business Name:

Business Address: Postal Code:

Telephone: Res: Bus: Fax:

Present Title or Position:

Mailing Address desired: Res: Bus: Email Address:

My *Inactive Member* status is in effect since (Date):

STATEMENT OF APPLICANT:

I hereby make application for reinstatement to active membership. My reinstatement fee in the amount of \$200.00 + \$10.00 GST and my default penalty fee of \$50.00 + \$2.50 GST is enclosed. I understand that according to reinstatement requirements, I may be required to attend an interview with the Examining Board and/or may be required to submit appropriate documentation identifying the means by which I have developed professionally or maintained adequate skills and knowledge of the requirement of practice in Manitoba during my absence from the profession.

I also understand that upon approval of my application, I will be invoiced for the current year's CSLA dues, as well as the Association's dues on a monthly pro-rated basis from the time of approval to the end of the year.

Date: Signature of Applicant:

CERTIFICATE OF ENDORSEMENT: (to be completed by two full Members of the Association)

I hereby endorse the above named applicant for reinstatement to full membership and certify that I have personal knowledge of the professional ability and character, methods of practice, and experience of the applicant. The candidate, in my opinion, has maintained the appropriate qualifications and up to date understanding of practice requirement in Manitoba, as necessary for reinstatement to full membership. To the best of my knowledge, the applicant observes and upholds the Association's *Code of Conduct*.

.....
Date Endorser's Signature Print Name

.....
Date Endorser's Signature Print Name

CHECK LIST (FOR OFFICE USE ONLY)

Re: Application for Reinstatement

OF:

DATE RECEIVED: BY:

FEE PAID: \$..... FORM IN ORDER: ENDORSERS IN ORDER:

ACTION OF EXAMINING BOARD:

DATE RECEIVED: FAVORABLE: NOT FAVORABLE:

OTHER RECOMMENDATIONS:

DATE: CHAIR:

ACTION OF COUNCIL:

APPROVED: NOT APPROVED:

DATE: PRESIDENT:

APPLICANT NOTIFIED IN WRITING:

DATE: BY:

EFFECTIVE AS OF: MEMBERSHIP NO: