

INTERN MEMBERSHIP APPLICATION FORM

Membership Details

Intern membership is available for those that have completed their studies and are currently employed or consulting in the heritage field. Intern membership can be held for a minimum of 1 year up to a maximum of five years, after which the member may apply for Professional status. Interns must submit an annual log describing their heritage project experience, as well as conferences and workshops attended.

Intern members may not vote or stand for office, and they may not use the acronym CAHP after their name. This privilege is given once an Intern has applied for and has been approved for Professional status. By reading and signing the Code of Professional Conduct & Ethics Agreement below, an Intern member agrees with these terms.

Application Checklist:

- 1. Application form:
 - a. Includes [Code of Ethics Agreement](#)
- 2. [Experience Record Form](#) (used by interns to log their annual experience)
- 3. [Intern Sponsor Form](#) (This form is to be filled out by the Sponsor)
- 4. Application Cheque for \$25 payable to CAHP (non-refundable) - The fee to apply for Professional Membership is \$25.00. The annual membership fee for Professionals is \$180.00.

Applicant Information			
Name:			
Firm:		Department:	
Title/Position:			
Business Address:		Phone (Bus.):	
		Email (Bus.):	
Home Address:		Phone (Alt.):	
		Email: (Alt.):	
Province/Territory:			
Please indicate preferred mailing address: <input type="checkbox"/> Business <input type="checkbox"/> Home			
Previous member of CAHP:			
<input type="checkbox"/> No	<input type="checkbox"/> If Yes, please indicate →	Year:	
		Status:	<input type="checkbox"/> Professional <input type="checkbox"/> Intern <input type="checkbox"/> Inactive/Retired <input type="checkbox"/> Student <input type="checkbox"/> Subscriber
Where did you hear about CAHP?			
<input type="checkbox"/> CAHP Website <input type="checkbox"/> CAHP Facebook <input type="checkbox"/> APT Website <input type="checkbox"/> National Trust for Canada Website <input type="checkbox"/> Friend/Colleague <input type="checkbox"/> Other: _____			

Volunteer Activities – please choose at least one	
<p>CAHP-ACECP committees are run by members who have volunteered their time to help the organization. We rely heavily on these member-volunteers to assist in the management and promotion of the Association. Please indicate the committees you would be interested in serving and in which capacity you could be of service.</p>	
CAHP Committees	WHAT SKILLS COULD YOU CONTRIBUTE?
<input type="checkbox"/> Annual General Meeting	
<input type="checkbox"/> Business Development	
<input type="checkbox"/> Chapter Liaison	
<input type="checkbox"/> Communications (please specify)	
Subcommittee: <input type="checkbox"/> Translation	
Subcommittee: <input type="checkbox"/> Publications	
Subcommittee: <input type="checkbox"/> Website	
<input type="checkbox"/> Conference & Awards	
<input type="checkbox"/> Corporate Planning	
<input type="checkbox"/> Education	
<input type="checkbox"/> Governance	
<input type="checkbox"/> Government Liaison	
<input type="checkbox"/> Membership	

Code of Professional Conduct & Ethics Agreement

The Code of Professional Conducts & Ethics is available online at: <http://cahp-acecp.ca/wp-content/uploads/2017/07/2017-CAHP-ACECP-Code-of-Conduct-Ethics-Agreement.pdf>

I hereby have read and agree to abide by the CAHP-ACECP Code of Ethics.

Name (print): _____

Signature: _____ **Date (dd/mm/year):** _____