

PROFESSIONAL MEMBERSHIP APPLICATION FORM

Membership Details

Professional membership is available for those currently working in the many fields of heritage conservation, with a minimum of 3 years of demonstrated experience.

Professional members may vote or stand for office, may use the acronym CAHP after their name, and are listed in our online Directory of Professionals by specialization. By reading and signing **the Code of Professional Conduct & Ethics Agreement** below, a Professional member agrees with these terms.

CAHP has defined a heritage professional as the following:

A Heritage Professional is a person who has specialized knowledge, supported by formal training and/or work experience, in the conservation and stewardship of cultural heritage. The Professional conforms to accepted technical and ethical standards and works in accordance with the regulations and guidelines of the person's specialty heritage field and the jurisdictions of practice.

Application Checklist:

- 1. Application form:
 - a. Includes [Code of Ethics Agreement](#)
 - b. Max 90wd description of expertise (synopsis for directory).
 - c. Three References ((Sponsor cannot also be a Reference) - Letters from references are encouraged but not required.
- 2. Updated CV (please attached an up-to-date CV to your application)
- 3. [Experience Record Form](#) (used by professionals to log their annual experience)
- 4. Sponsor letter of agreement (signed & dated) - It is mandatory for application to be sponsored by a CAHP Professional member. Your sponsor should be familiar with your heritage work and must be able to provide a letter of agreement for your application.
- 6. Application Cheque for \$75 payable to CAHP (non-refundable) - The fee to apply for Professional Membership is \$75.00. The annual membership fee for Professionals is \$290.00.

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
Max 90wd description of expertise (synopsis for directory):			

Requested Specialization:	
<input type="checkbox"/> Anthropologist <input type="checkbox"/> Archaeology & Anthropology <input type="checkbox"/> Archives <input type="checkbox"/> Building Specialists <input type="checkbox"/> Conservators <input type="checkbox"/> Craft and Trade Specialists <input type="checkbox"/> Cultural Tourism & Marketing Specialists <input type="checkbox"/> Educators <input type="checkbox"/> Environmental Assessment Specialists	<input type="checkbox"/> Historians <input type="checkbox"/> Landscape Specialists <input type="checkbox"/> Museum Specialists <input type="checkbox"/> Other Cultural Heritage Specialists <input type="checkbox"/> Other Specialists <input type="checkbox"/> Photographers, Illustrators, Recorders <input type="checkbox"/> Planners <input type="checkbox"/> Public Sector Representatives
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: _____	

Sponsor Information:			
CAHP Member Name:		Phone:	
		Email:	
References: Please provide 3 references that are familiar with your heritage experience. Note: Your sponsor <u>cannot</u> also be a reference.			
Reference 1 Name:		Phone:	
		Email:	
Reference 2 Name:		Phone:	
		Email:	
Reference 2 Name:		Phone:	
		Email:	

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):** _____