



NAABA Associate Membership Application Form

Suite 100-425 Gregoire Drive
 P.O. Box 5993, Fort McMurray, AB T9H 4V9
 Phone: (780) 791-0478 Fax: (780) 714-6485
 Email: naaba@telus.net

Associate Membership Definition:

“Associate Member” means those entities engaged in ongoing for profit business and government agencies. Without limiting the foregoing Associate Membership are open to banks, oil companies, accountants and accounting firms, lawyers and law firms. Associate members do not have voting privileges in NAABA and do not receive work opportunity communication.

Membership Information:

Company					
Owner					
Address					
City		Province		Postal Code	
Phone	(780)	Fax	(780)	Cell	
Email					
Web Site		Unionized		Yes/No	

If not the same as above, please complete the following:

Contact		Position			
Address					
City		Province		Postal Code	
Phone	(780)	Fax	(780)	Cell	
Email					

If you require another contact, please completed the following:

Contact		Position			
Address					
City		Province		Postal Code	
Phone	(780)	Fax	(780)	Cell	
Email					

Please complete the following:

Choose one (✓): Membership Rates based on category (GST included in the rates)			
Non-profit (fee waived)	Aboriginal Business outside of Wood Buffalo (contact office for fee)	Supplier/General Contractor \$1050.00	Oil & Gas Industry Producer \$3150.00
Year Est. /Incorporated:			

How did you hear about NAABA (Northeastern Alberta Aboriginal Business Association)?

List the services that best describe your organization:

List the upcoming work opportunities available to Aboriginal businesses that you foresee your organization will undergo:

Does your organization currently have an Aboriginal Business policy? If yes, please attach to application. If not, are you willing to work with NAABA in creating an Aboriginal Business Policy?

Are you willing to participate in an annual update report on your organizations involvement with NAABA's Full membership?

We hereby commit to the employment of Aboriginal Peoples, support local Aboriginal Businesses and entities, and to abide by the By-laws, Policies, and Procedures, and Support the Mandate of the Northeastern Alberta Aboriginal Business Association. The undersigned is a duly authorized signing authority for the above entity, empowered to certify that the information provided is true and accurate. I have attached a copy of our Aboriginal Business Policy or mandate.

Signed: _____

Dated: _____

Print Name: _____

Once your application has been reviewed and accepted by NAABA's Board of Directors you will receive a membership invoice, membership package and a letter confirming your approval. If your application is not completed and/or the Board of Directors require further information you will be contact by NAABA's adminstration. We thank you for your time and commitment.