

Canadian Taxidermists Association

Membership Application

Name

Date

Business Name

Address

City _____ Province/State _____ Postal/ZIP _____

Skill Level

- Novice
- Professional
- Masters
- Division Of Excellence

Are you a first time Member?

- Yes
- No

Do you wish to advertise for free on the CTA website?

- Yes
- No

Do you wish to donate to the CTA?

- No
- Yes

Amount _____

Did you refer a new Member?

- Yes
- No

Name _____

Once your payment has been processed your membership will become active. Make cheques/money orders payable to Canadian Taxidermists Association. Your online access to the website will be approved after your payment has been processed. You may sign up at www.canadiantaxidermistsassociation.com