**CSPA APPRENTICE MEMBERSHIP APPLICATION FORM**

**A. Identification:**

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| --- | --- | --- | --- |
| Last Name: |  | | |
| First Name: |  | | |
| E-mail: |  | | |
| Address: |  | | |
|  | | |
| City: | Province: | Postal Code: |
| Phone: |  | | |

**B. Educational Background:**

|  |
| --- |
| Academic Institution: |
| Academic Program Description *(department, degree type etc.)*: |
| Date of completion: |

**B. Supervisor Information:**

**Please note: Your supervisor must be a professional member in good standing of the CSPA for a minimum of 5 years.**

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| --- |
| Supervisor Name: |
| Date of confirmation from Supervisor: |

**Please complete the above form and email to** [**connor**](mailto:poppy.desclouds@gmail.com)**primeau.mpc@gmail.com**

*Upon receipt of application, payment, and insurance confirmation your apprentice membership will be activated, and you will be listed on the CSPA website.*