



First Nations Housing Professionals Association – FNHP Program Registration Form

Return form with payment to:

Mail: 202-300 March Road, Ottawa ON

Email: info@fnhpa.ca

Fax: 613-702-0380

		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> They
First Name	Last Name	<input type="checkbox"/> Other: _____
Home Address - Street		Existing Designations
City	Province/State	Home Phone
Postal/ZIP Code	Country	Mobile
Home email		Work email
Organization Name		
Work Address - Street		Position Title
City	Province/State	Work Phone
Postal/ZIP Code	Country	Work Fax

Consent for Collection, Use and Disclosure of Information: By selecting 'yes', I consent to the collection, use and disclosure of my personal information during the course of my membership for the purposes set out in the FNHPA Privacy Policy, available on the FNHPA website. By selecting 'no', I consent to the use of my personal information only for the purpose of permitting FNHPA to communicate with me.

☐ Yes ☐ No

Fees:	Select your course:	Online session start dates:
Online Format FNHPA Member \$850 Non-Member \$1000*	<input type="checkbox"/> 100 – First Nations Housing and Infrastructure <input type="checkbox"/> 200 – First Nations Housing Strategy, Policy and Accountability <input type="checkbox"/> 300 – Management of Housing Programs <input type="checkbox"/> 400 – Housing Management Functional Supports <input type="checkbox"/> 500 – Professionalism, Ethics and Critical Skills	Fall (September 14, 2020) -Register by September 10 th Winter (January 11, 2021) -Register by January 8 th
Intensive Format FNHPA Member \$2200 Non-Member \$2350*		

*Candidate memberships valued at \$150 annually are included in the non-member fee.

Course Fee: Tax is based on your province of residence, please select one.

☐ AB, BC, MB, NT, NU, QC, SK, YT please add 5% GST

☐ NB, NL, NS, PE, please add 15% HST

☐ ON please add 13% HST

☐ GST/HST exempt

Please include proof of tax exemption at time of application (A letter of exemption from your employer and/or a copy of your status card – you must have an on-reserve mailing address)

☐ I have enclosed a cheque payable to "FNHPA"

☐ Visa/Mastercard, details included below:

Card Number	Expiry Date	\$ Amount Paid
Name on Card	Signature	