

Application for Membership on the Basis of Provincial Affiliation as a Student Statutory French Test Declaration Form

Please complete and return this declaration with your application for membership.

Full registered name

Surname:

Given name:

Please answer one of (a) or (b) below:

- | | | |
|---|------|------|
| (a) I have written the Statutory French Test and obtained a result of: | Pass | Fail |
| (b) I have not written the Statutory French Test, but intend to write it: | Yes | No |

X _____
Signature

_____/_____/_____
Date (mm/dd/yyyy)