

Training Request - New and Refreshing Members and Clerks

Note: Please use one form per course.

Applicant Information

First Name _____ Last Name _____

Email: _____ Telephone: _____

Course Information

Training Request for: ARB SDAB

New Member Member Refresher New Clerk Clerk Refresher

Preferred Date: _____

Municipality/Municipal Organization

Name of Municipality Appointed To: _____

Regional Municipal Board: _____ If yes, Name: _____

Name of CAO or Designee:

First Name _____ Last Name _____

Email: _____ Telephone: _____

Signature of CAO/Designee

Date
