



**ASSOCIATION OF ADMINISTRATIVE ASSISTANTS  
ASSOCIATION DES ADJOINTS ADMINISTRATIFS**

**QAA PROGRAM - ENROLLMENT FORM**

This is the authorized form for enrollment in the Qualified Administrative Assistant Program. To enroll in the program, please complete this form and scan and email it (preferred method) to the National Registrar at [www.registrar.ca](http://www.registrar.ca) or mail it to address listed below. Please select a method of payment:

**Payment Option 1 (preferred method):**

Payment is available using Pay Pal. If you would like to use this method of payment, please email the National Director-Registrar at [www.registrar.ca](http://www.registrar.ca) and request the details for processing.

**Payment Option 2:**

Payment is also available by mailing a cheque directly to the National Director-Registrar. Enclose a \$100.00 cheque made payable to the Association of Administrative Assistants and mail to:

The National Registrar  
The Association of Administrative Assistants  
c/o 111 Howlett Avenue, Newmarket, ON L3Y 5S7

**This fee is non-refundable and does not constitute membership in the Association. Membership in the Association is required before registering in the QAA Program.**

**Please indicate if you are a current member of the Association: Yes  or No**

**If yes, please indicate which branch you belong to:**

\_\_\_\_\_ (or if a Member At Large – MAL)

Tuition fees are determined by, and paid to, the educational institution where the student is enrolled. Tuition fees are tax deductible. At the end of each completed course, it is the student's responsibility to provide the National Director – Registrar with confirmation of successful completion and send a transcript of completed courses and proof of membership in the Association to the National Director Registrar.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Upon award of the QAA designation I understand that I must maintain my membership with the Association of Administrative Assistants. If for any reason my membership dues lapse I understand that I will no longer be entitled to use the QAA designation until any/all applicable back fees are paid. Certification points must be maintained.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_