



ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS  
ASSOCIATION DES PROFESSIONNELS DE L'ADMINISTRATION

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 to the National Director - Registrar at [registrar@aaa.ca](mailto:registrar@aaa.ca) or mail it to address listed below.

**Payment Option 1 (preferred method):**  
Payment is available using Email Transfer, please email the National Treasurer at [treasurer@aaa.ca](mailto:treasurer@aaa.ca) for details.

**Payment Option 2:**  
Pay Pal. If you would like to use this method of payment, please email the National Director-Treasurer at [treasurer@aaa.ca](mailto:treasurer@aaa.ca) and request the details for processing.

**Payment Option 3:**  
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 Director - Registrar  
Association of Administrative Professionals  
c/o 118 Dominion Drive, Fort McMurray, AB T9K 2N2

**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. 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 a copy of transcript of completed courses and proof of membership in the Association.

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 Professionals and if for any reason my membership lapses, I understand that I will no longer be entitled to use the QAA designation.

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

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