



Association of Canadian Mountain Guides

Protecting the public interest in mountain travel

ACMG Associate Membership Application Form

Contact Information

Organization Name:	Mailing Address:
Town/City:	Province/State:
Country (if not Canada):	Postal/Zip Code:
Telephone Number:	Fax Number:
Organization Website:	Organization's Work/Purpose:
Contact Name:	Contact Title:
Contact Telephone Number:	Contact E-mail Address:

Application Rationale

Please describe why you are requesting Associate Membership in the ACMG and how you think both parties will benefit from the relationship. Please include the contact information of two references who are familiar with the work of your organization.

Associate Membership Application Process

1. Complete the above form and send it to the ACMG.
Post: Box 8341, Canmore AB T1W 2V1
E-mail: acmg@acmg.ca
2. Upon approval, your organization will be sent a confirming e-mail with the following:
 - ACMG Constitution and Bylaws
 - ACMG Code of Conduct
 - Current List of ACMG Directors and Staff
 - ACMG Advertising Guidelines
 - ACMG Associate Membership logo
 - List of benefits and limitations of Associate Membership
 - Latest copy of the Arête
3. If the application requires clarification, or your organization does not meet membership requirements, you will receive an e-mail asking for the necessary clarifications or explaining the rejection of the application.