

Specialty Vehicle Appraisal Institute
NEW MEMBERSHIP APPLICATION



All areas must be completed

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____ City: _____

Province: _____ Postal Code: _____

Business Address: _____

Home Phone Number: _____ Business Phone Number: _____

Fax Number: _____ E-mail Address: _____

Current Primary Occupation: _____

How long have you been involved in the Antique and Special Interest Vehicle Industry?: _____

What has been your area of expertise?: _____

If your involvement has been as collector vehicle appraiser and you wish to apply for Accreditation it is your responsibility to request the approved SVAI Training Manual from the Accreditation Committee and follow the instructions outlined in same. For contact information please refer to www.svai.ca.

Membership applications are for individuals and are not a blanket application for companies. There is a non-refundable annual fee of \$150.00 that must accompany this Membership Application.

Do you have business insurance coverage or professional Errors & Omissions coverage? _____

Please explain why you wish to obtain membership in the Specialty Vehicle Appraisal Institute Association:

I hereby certify that the information contained in this application is correct and may be verified by the Specialty Vehicle Appraisal Institute and its duly appointed committee. Completed Application form to be mailed it to:

SVAI of Alberta
10917 - 82 Ave NW, PO Box 52253
Edmonton, AB T6G 2T5

Applicants Signature: _____

Date: _____
Month Day Year