

**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](http://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

[www.svai.ca](http://www.svai.ca)