

Society of Local Government Managers of Alberta

Certified Local Government Manager

APPLICATION FOR MEMBERSHIP AS A REGULAR MEMBER

Please complete all information requested on this application. Please print clearly.

| Name:            |     |        |                 |     |                |             |
|------------------|-----|--------|-----------------|-----|----------------|-------------|
| Last             |     |        | st              |     | Middle Initial |             |
| Present Address: |     |        |                 |     |                |             |
|                  | No. | Street | City            |     | Province       | Postal Code |
| Phone No.:       |     |        | Facsimile No .: | ( ) |                |             |

Regular Membership - Fee \$350.00

Pursuant to section 9 Local Government Managers Regulation

Educational Qualification - Please have the <u>school</u> forward original transcripts to the Society Registrar. Faxed and photo copied transcripts are not accepted. For further clarification contact the Society's Registrar.

| Type of School | Name and Address | From | То | Graduated     | Course or Major |
|----------------|------------------|------|----|---------------|-----------------|
| Post-Secondary |                  |      |    | 🗆 Yes 🗆 No    |                 |
|                |                  |      |    |               |                 |
| Post-Graduate  |                  |      |    | 🗆 Yes 🗆 No    |                 |
|                |                  |      |    |               |                 |
| Business/Trade |                  |      |    | 🗆 Yes 🗆 No    |                 |
|                |                  |      |    |               |                 |
| Other          |                  |      |    | □ □ No<br>Yes |                 |
|                |                  |      |    |               |                 |
|                |                  |      |    | 🗆 Yes 🗆 No    |                 |
|                |                  |      |    |               |                 |

| Are your presently enrolled in a program or a course of study? | Yes | 🛛 No |  |
|--|-----|------|--|
| If Yes, what?  |     |      |  |

If you have obtained other professional designations, please complete this section.

Designation: \_\_\_\_\_ Year Obtained: \_\_\_\_\_ Designation: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

### Work Experience Qualification (example provided)

| Dat   | es     | Name and Address of Municipality              | Position Title |  |  |
|---|--------|---|----------------|--|--|
| From  | То     |   |                |  |  |
|   |        |   |                |  |  |
| Oct/10  | Jan/15 | Town of Claresholm, AB Box 00, Claresholm, AB | C.A.O.         |  |  |
| Reporting to: Council and responsible for the general management and statutory functions. |        |   |                |  |  |

| Dates    |       | Name and Address of Municipality | Position Title |  |  |
|----------|-------|----------------------------------|----------------|--|--|
| From     | То    | 1                                |                |  |  |
|          |       |                                  |                |  |  |
|          |       |                                  |                |  |  |
| Reportin | g to: |                                  |                |  |  |
|          |       |                                  |                |  |  |
|          |       |                                  |                |  |  |
| From     | То    |                                  |                |  |  |
|          |       |                                  |                |  |  |
|          |       |                                  |                |  |  |
| Reportin | g to: |                                  |                |  |  |
| -        | -     |                                  |                |  |  |
|          |       |                                  |                |  |  |
| From     | То    |                                  |                |  |  |
|          |       |                                  |                |  |  |
|          |       |                                  |                |  |  |
| Reportin | g to: |                                  |                |  |  |
|          |       |                                  |                |  |  |
|          |       |                                  |                |  |  |
| From     | То    |                                  |                |  |  |
|          |       |                                  |                |  |  |
|          |       |                                  |                |  |  |
| Reportin | g to: |                                  |                |  |  |
|          |       |                                  |                |  |  |
|          |       |                                  |                |  |  |

### Work Experience Qualification (List in reverse order, latest employer first)

Have you ever been subject to legal prosecution or discipline proceedings by an employer or professional organization? Yes D No D If yes, state the nature of the offense or proceeding, the outcome, and relative time period.

### STATUTORY DECLARATION

I \_\_\_\_\_\_ do solemnly declare that:

All information given herein as part of this application for registration is true and complete.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Declared before me at \_\_\_\_\_\_in the Province of \_\_\_\_\_\_this \_\_\_\_day

of\_\_\_\_\_.

Commissioner for Oaths/Notary Public for Province of: \_\_\_\_\_ Print name: \_\_\_\_ My Commission Expires:

.\_\_\_\_\_, \_\_\_\_

Applicant's Signature

I agree, if this application for registration is approved, to observe and be bound by the Bylaws of the Society of Local Government Managers of Alberta, including the Code of Ethics.

Date

Applicant's Signature

Please return the completed, executed, original application form (copies will not be accepted) with a cheque in the amount of \$350.00 (GST does not apply) to the:

Society of Local Government Managers of Alberta P.O. Box 308, 4629- 54 Avenue, Bruderheim, Alberta T0B 0S0 Attention: Linda M. Davies, CLGM

# **APPLICATION FOR REGISTRATION AS A REGULAR MEMBER**

Page 3 of the application

### (PURSUANT TO SECTION 9 LOCAL GOVERNMENT MANAGERS REGULATION)

|                                       |                |                |                      |              |                               |              | ,               |
|---------------------------------------|----------------|----------------|----------------------|--------------|-------------------------------|--------------|-----------------|
| SURNAME FIRST NAME                    |                |                | INITIAL              |              |                               |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
| MAILING ADDRESS                       |                |                |                      | CITY         |                               | PROV.        | POSTAL CODE     |
|                                       |                |                |                      | _            |                               | -            |                 |
|                                       |                |                |                      |              |                               |              |                 |
| BUSINESS PHONE                        | CELL NUM       |                | RESIDENTIAL PHON     | <br>=        | E-MAIL ADDRESS                |              |                 |
| DUSINESS FILONE                       |                |                | RESIDENTIAL FROM     | _            | E-MAIL ADDRESS                |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
|                                       | FL             | JLL LEGAL      | NAMES(S) to be       | shown on     | certificate - <i>Please P</i> | rint         |                 |
| FIRST                                 |                |                | MIDDLE NAME(S)       |              | LAST                          |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
| TWO CE                                | RTIFIED        | LOCAL G        | OVERNMENT MA         | NAGERS       | WHO ATTEST TO                 | THE APP      | LICANT          |
| I have known the ap                   | plicant for    | vears (a       | minimum of five year | rs) and in m | ny opinion he/she wou         | uld be a goo | d member of the |
| Society of Local Gov                  | vernment N     | lanagers of    | Alberta.             | -,           | .,                            |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
|                                       | Signature      |                | First Na             |              | Surname Name                  |              | Member Number   |
|                                       | eignatare      |                |                      |              | oundire ridine                |              |                 |
| I have known the an                   | plicant for    | vears (a       | minimum of five year | s) and in m  | ny opinion he/she wou         | uld be a doo | d member of the |
| Society of Local Gov                  |                |                |                      | c) and m     | .,                            |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
|                                       | Signature      |                | First Na             | ame          | Surname Name                  |              | Member Number   |
|                                       | eignatare      |                |                      |              |                               |              |                 |
| I agree that the Soc                  | iety of Loca   | l Governme     | ent Managers of      |              |                               |              |                 |
| Alberta notify my en                  | nployer, if th | nis applicatio | on for registration  | APPRO        | OVED BY THE REC               | GISTRATIO    | ON COMMITTEE    |
| is approved.<br>This letter should be | sent to:       |                |                      |              |                               |              |                 |
| Mr. INITIALS                          | SURNA          | ME             |                      |              |                               |              |                 |
| Mrs.                                  |                |                |                      |              |                               |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
| POSITION TITLE                        |                |                |                      |              |                               |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
| NAME OF MUNICIPALITY OR ORGANIZATION  |                |                |                      |              |                               |              |                 |
| MAILING ADDRESS                       |                |                |                      | DATE         |                               | REGIST       | RATION NUMBER   |
|                                       |                |                |                      |              |                               |              |                 |
| CITY                                  |                | Province       | Postal Code          | 1            |                               |              |                 |
|                                       |                |                |                      |              |                               |              |                 |
|                                       |                |                |                      |              |                               |              | REGISTRAR       |

This page must be submitted with original signatures. Copies of this page will not be accepted.

## **CODE OF ETHICS** Society of Local Government Managers of Alberta

#### The following is an excerpt from the Bylaws of the Society of Local Government Managers of Alberta

- 1. A member shall be dedicated to the concept of effective and democratic local Government by responsible elected officials and believe that professional management is essential to the achievement of this objective.
- 2. A member shall affirm the dignity and worth of the services rendered by government and maintain a constructive, creative, and practical attitude toward local Government and a sense of social responsibility as a trusted public servant.
- 3. A member shall be dedicated to the highest ideals of honour and integrity in all public and personal relationships in order that the member may merit the respect and confidence of the elected officials, of other officials and employees and of the public.
- 4. A member shall recognize that the chief function of local government is at all times to serve the best interests of all of the people.
- 5. A member shall provide elected officials with facts and advice on matters of policy as a basis for making decisions and setting goals and a member shall uphold, implement and execute policies adopted by elected officials.
- 6. A member shall refrain from political participation in the election of the members of the employing legislative body and from all political activities which could impair the member's performance as a professional administrator or which could harm the member's employer.
- 7. A member shall endeavour through education and by other means available to continually improve the member's ability as a professional administrator and a member shall endeavour to develop the competence and abilities of associates in the use of management techniques.
- 8. A member shall endeavour to keep the community informed on local Government affairs; encourage communication and dialogue between the members of the public and the officers and employees of local Government; emphasize friendly and courteous service to the public and seek to improve the quality and image of public service.

- 9. A member shall endeavour to resist any encroachment on the member's professional responsibilities, believing that members should be free to carry out official policies without interference, and a member should endeavour to handle each problem without discrimination on the basis of principle and justice.
- 10. A member shall endeavour to handle all personnel matters fairly and impartially.
- 11. A member shall not enter into any agreement or undertake any activity which may be in conflict with the interests of the member's employer or which would prejudice the performance of the member's professional duties
- 12. A member shall inform his employer of any interests, affiliations or relationships which the member's employer might reasonably be expected to be informed of.
- 13. A member may be subject to suspension or expulsion from membership in the Society pursuant to the Local Government Managers' Regulation and at the discretion of the Discipline Committee and may be struck from the register of members in any of the following instances:
  - If the member's conduct arising through incompetence or otherwise is incompatible with the best interests of the public or of the members of the Society or tends to harm the standing of the Society generally;
  - ii) If the member is convicted of an offence punishable by imprisonment for five (5) or more years or an offence under section 123, 124 or 125 of the *Criminal Code (Canada)*; or
  - iii) If the member fails or refuses to abide by and comply with the Local Government Managers' Regulations, the Bylaws of the Society or requirement given to the member by the Board of the Society, Practice Review Committee or the Discipline Committee.

April 26, 1999