

APPLICATION FOR SCHOLARSHIP FOR 2024 CAMA CONFERENCE

		First Name:
Position	Title:	
Name o	f Municipality:	
Mailing	Address:	
E-Mail A	ddress:	
Telepho	ne Number:	
🗆 I am	a CAMA membe a Young Profess	r. sional working with a CAMA member in their
mun	icipality.	
		d a CAMA Conference? Yes No