

Membership Application Form

Please **complete** form in order to issue membership successfully:

Date _____ **Name** _____

Organization _____

Title _____

Address _____

Phone (direct contact) _____ **Phone** (work) _____

Fax _____ **Email** _____

Professional Membership \$50

Adult Day Service's Managers and other professional designates

Those who pay the annual fee and are entitled to hold one (1) vote.

General Membership \$25

Front-line workers, students, family members and any person

with a direct interest/involvement with Adult Day Services

Pay a reduced annual fee and are entitled to hold one (1) vote.

Affiliate Membership \$25

Like-minded organizations and businesses

Pay a reduced annual fee and have no voting privileges.

(No individual or association may be entitled to hold more than one (1) membership)

YES, I would like an electronic copy of CCADS by-laws.

YES, I would like my Organization advertised on the CCADS website.

Please send **completed form and payment** to:

Mary-Jane Borden at **Site 6 Box 21 RR1 Calahoo, AB T0G 0J0**

Cheques payable to CCADS

Thank you for your interest and involvement in CCADS. We value your contributions.