



COMMUNITY
LIVING
AGENCIES
NETWORK
BRITISH COLUMBIA

Membership Application

Agency Name: _____

Address: _____

Contact: _____

Phone: Office: _____ Cell: _____

Email: _____

Our membership fee for 2008 is based on the number of employees your agency currently has on payroll. Please tick below to indicate your fee:

- | | | |
|--------------------------|-----------------------|----------|
| <input type="checkbox"/> | 10 employees or less: | \$125.00 |
| <input type="checkbox"/> | 10 – 25 employees | \$250.00 |
| <input type="checkbox"/> | 26 employees or more | \$500.00 |

Select the region of the Province where your organization's registered address is located:

- | | | | |
|--------------------------|------------------|--------------------------|-------------------|
| <input type="checkbox"/> | The North | <input type="checkbox"/> | The Interior |
| <input type="checkbox"/> | Fraser Valley | <input type="checkbox"/> | Vancouver Coastal |
| <input type="checkbox"/> | Vancouver Island | | |

I am authorized to sign this membership application on behalf of _____ agency and attach a cheque in the amount of \$ _____ for a twelve month membership valid from June 24, 2008 to June 30, 2009. (cheques payable to CLAN).

Signed: _____

Print Name: _____

If you would be interested in participating in a committee please tick below:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance | <input type="checkbox"/> Pension Options |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Nominations | <input type="checkbox"/> Membership |

Please return this completed form with your cheque to:

Ernie Baatz, Executive Director
Spectrum Society for Community Living
3231 Kingsway, Vancouver, B.C. V5R 5K3