



Suite 604 – 7015 Macleod Trail SW
 Calgary, Alberta T2H 3K6
 Phone: 403-774-7247
 Email: info@calgaryaginginplace.ca
www.calgaryaginginplace.ca

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name:

Date of Birth: (dd/mm/yyyy)	Phone:
	Cell:

Home Address:	Postal Code:
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Email Address:

Please share with us how you heard about the Calgary Aging in Place Cooperative and/or what you would like to benefit from as a member.

SPOUSE/COHABITANT INFORMATION IF JOINT MEMBERSHIP

Name:

Date of Birth: (dd/mm/yyyy)	Phone:	Phone:
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EMERGENCY CONTACT – OTHER THAN SPOUSE/COHABITANT

Name:	Relationship:	Phone:
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Name:	Relationship:	Phone:
TYPE* OF MEMBERSHIP		
*Membership type does not limit what is available to you however, it helps to determine the make up of the Board of Directors. You can change categories if you choose.		
<input type="checkbox"/> Service Recipient \$120.00/year	<input type="checkbox"/> Service Provider \$120.00/year	
<input type="checkbox"/> Supporting Member \$120.00/year	<input type="checkbox"/> Secondary Suite \$1,200.00/year	
SIGNATURES		
Signature of Applicant:		Date: (dd/mm/yyyy)
Signature of Spouse/Cohabitant (<i>only if a joint membership</i>):		Date: (dd/mm/yyyy)
Signature of Witness:		Date: (dd/mm/yyyy)

Your annual fee provides you with one vote per membership; access to one phone number for services such as home cleaning, yard work, snow removal, repair services, grocery delivery, discounts to certain items for your home, and other services as we determine the needs of our membership base.

Your membership fee does not include any services. The Cooperative would provide these on a cost recovery basis with margins built in to cover overhead costs. The over subscription of the low or no cost options through charitable and government organizations and the high cost for-profit service providers leaves many seniors without access to reasonably priced services. This is where we fill the need and will ensure that our service providers are checked to ensure we are keeping the safety of both our members and our service providers' top of mind.



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MEMBERSHIP AUTHORIZATION (FOR OFFICE USE)	
Approved By:	Date: (dd/mm/yyyy)
Payment Type:	Date: (dd/mm/yyyy)
Notes:	