



Mailing Address  
 PO Box 78014, 383 Heritage Drive SE  
 Calgary, Alberta, T2H 2Y1  
 Phone: 403-774-7247  
 Email: [info@calgaryaginginplace.ca](mailto:info@calgaryaginginplace.ca)  
[www.calgaryaginginplace.ca](http://www.calgaryaginginplace.ca)

# Membership Application Form

## APPLICANT INFORMATION

Full Name		
Date of Birth (dd/mm/yyyy)	Phone	
	Cell	
Home Address	Postal Code	
Email Address		

## SPOUSE/COHABITANT INFORMATION IF JOINT MEMBERSHIP

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

## EMERGENCY CONTACT – OTHER THAN SPOUSE/COHABITANT

Name	Relationship	Phone
Name	Relationship	Phone

## TYPE\* OF MEMBERSHIP

\*Membership type does not limit what is available to you however, it helps to determine the compilation of the Board of Directors.

<input type="checkbox"/> Service Recipient <span style="color: orange;">\$60.00/year</span>	<input type="checkbox"/> Service Provider <span style="color: orange;">\$60.00/year</span>	<input type="checkbox"/> Supporting Member <span style="color: orange;">\$60.00/year</span>
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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, home renovations, discounts to certain items for your home, and other services as the needs of our membership base dictate. Your membership fee does not include any services. The Cooperative provides services on a cost recovery basis with margins built in to cover overhead costs.



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**CAIP SERVICES**

What you would like to benefit from as a member? (optional)

Please indicate if you are interested in renovating your home. (optional)  
 Yes       No, just services       Not sure, more information please

If you answered yes above, please indicate the kind of work you are interested in;

Minor repairs and upgrade to make the home senior appropriate  
 Major renovations needed (i.e. new roof, full kitchen or bathroom)  
 New appliances needed (with CAIP's discount)  
 Secondary Suite (including Land Use Change if needed)  
 Other (please explain) \_\_\_\_\_

How did you hear about the Calgary Aging in Place Co-operative?

**SIGNATURE**

Signature of Applicant	Date
Signature of Spouse/Cohabitant (only for joint membership)	Date
Signature of Witness	Date

**MEMBERSHIP AUTHORIZATION (FOR OFFICE USE)**

Approved by:	Date
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