



## APPLICANT INFORMATION

Name of co-operative, organization or institution:	Date of Incorporation:
	Phone Number:
Full Mailing Address:	Town/Province: <span style="float: right;">Postal Code:</span>
Website:	<b>Inquiries about this membership application should be directed to:</b>
Applying for:	Contact Name:
<input type="checkbox"/> Full Membership with delegates	Contact Phone:
<input type="checkbox"/> Auxiliary Membership	Contact E-mail:

## MEMBER PROFILE

Your mission and goals	
The individuals and communities you work with and serve	
Latest Annual Report	<input type="checkbox"/> We'll mail to ACCA <input type="checkbox"/> Find online at:
Next Annual Meeting	Date and Location if known:
<b>The following personnel information is collected only for purposes of engaging your membership. ACCA believes in keeping you informed of the opportunities, benefits, responsibilities and news impacting you.</b>	
Current CEO/Manager	Email and/or Phone:
Current Chair/President of the Board of Directors	Email and/or Phone:
Contact for Events, Community Involvement, or Engagement Inquiries	Email and Phone:
Would you like to share your contact information with other ACCA members? <input type="checkbox"/> Yes <input type="checkbox"/> No	



**NEEDS ASSESSMENT AND MEMBER RELATIONS REVIEW**

We would like to be involved with ACCA for the following reasons:

We think ACCA could help us with these issues, priorities or needs:

**APPLICANT MEMBERSHIP LEVEL AND CLASSIFICATION**

Class & Category	Allowable Delegates	Annual Fee	Total \$
All Membership Shares		\$ 50 (one time contribution)	\$ 50
Auxiliary Membership		\$ 100	\$
<b>Full Members</b>		<b>Voluntary Membership Fee</b>	
Class One	One Delegate	\$ 500 – 5,000	\$
Class Two	Two Delegates	\$ 5,001 – 10,000	\$
Class Three	Three Delegates	\$ 10,001 – 15,000	\$
Class Four	Four Delegates	\$ 15,001 – 20,000	\$
Class Five	Five Delegates	\$ 20,001 +	\$

**Authorization:**

As a representative of the organization herein applying, we the undersigned, declare that the information in our application is true and accurate. We understand that when our application has been approved, the Alberta Community and Co-operative Association will send us an invoice for our prompt payment by cheque, MasterCard or VISA. We also understand that the Alberta Community and Co-operative Association will send us an invoice for the annual renewal of membership when required.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Submit Applications to:**

Alberta Community and Co-operative Association  
 #202 5013 – 48<sup>th</sup> Street, Stony Plain, AB T7Z 1L8

Fax: 780-968-6733  
 Email: info@acca.coop

Phone: 780-963-3766