



# Alberta Home Care & Support Association

## Membership Application 2006

### Information

Name of Organization / Member: \_\_\_\_\_

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

Contact Person / Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Membership Type and Fee

Service Provider (Agency, Society, Health Region)

1 to 10 Employees \$65.00      11 to 25 Employees \$125.00

26 to 100 Employees \$250.00      101 to 200 Employees \$375.00

201 plus Employees \$500.00

Employees include the actual number of administration and front line staff involved in the delivery of home care / support services.

Individual fee: \$50.00

Affiliate Sponsor fee: \$500.00

**Fee Enclosed** \_\_\_\_\_

Please make cheque payable to Alberta Home Care and Support Association.

### Consent

I hereby authorize the Alberta Home Care and Support Association to publish this organization's / member's contact information on the Association website.

Yes     No

If contact person's information is different from above, please indicate below:

\_\_\_\_\_  
\_\_\_\_\_

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

### Alberta Home Care and Support Association

P.O. Box 1677, Main Post Office

Edmonton, Alberta, Canada T5J 2N9

Website: [www.homecaresupport.com](http://www.homecaresupport.com)

*Please contact your regional representative, if you have any questions.*