

Active Aging Canada

Corresponding Membership Form



Organization _____

First name _____

Last name _____

Department _____

Title _____

Address _____

City _____

Province _____ Postal Code _____

Phone Number _____ Extension _____

Email _____

Website _____

Membership Benefits

- Be a part of a growing national coalition
- Commit to the vision of active aging for adult Canadians
- Participate in national projects that support a vision of a healthy aging society
- Be an advocate on issues that effect a healthy aging society
- Stay informed with current research and activities of the organization
- Promote your organization to like-minded national, provincial and local groups
- Communicate with national/ provincial/ local organizations who share the same vision

Corresponding Membership Annual Fee

Local Organizations	\$ 75
Educational Institutions	\$150
International Organizations	\$200

Our Commitment to Active Aging Canada

- We are committed to supporting the vision and mission of Active Aging Canada.
- We understand the importance of sharing information, resources and research.
- We will share and promote relevant information and resources received through Active Aging Canada, to our members, clients, participants, when feasible.
- When possible we will share our resources through Active Aging Canada to be disseminated to the membership and beyond.

(name of organization)

is pleased to be a member of Active Aging Canada and support the vision and mission of the organization.

Signed by representative

_____/_____/_____
Date

Please complete the information above, scan and email, or mail this application, along with your payment to **Active Aging Canada**. Please pay by cheque or credit card.

VISA MasterCard

_____ name on card

_____ card number _____ / _____ exp. date

P.O. Box 143, Station Main

Shelburne ON

L9V 3L8

Toll Free: 1-800-549-9799

Phone: 519-925-1676

Email: info@activeagingcanada.ca

Web: www.activeagingcanada.ca
www.silvertimes.ca