

Active Aging Canada

Voting Membership Form



Organization _____

First name _____

Last name _____

Department _____

Title _____

Address _____

City _____

Province _____ Postal Code _____

Phone Number _____ Extension _____

Email _____

Website _____

Membership Benefits

- Eligible for position on Board of Directors
- Vote on issues that affect the organization and a healthy aging society
- 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 other national/ provincial organizations who share the same vision

Voting Membership Annual Fee

National	\$ 300
Provincial /Territorial Organizations	\$ 150

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

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