

ALCOA Corporate Member Application

Organization's Name:

Name of the person submitting the application:

Ms. Miss Mrs. Mr. Dr.

Job title or position in the organization:

Mailing Address:

City/Town:

Province / Territory:

Postal Code:

E-mail:

Telephone:

Fax:

Website:

On a separate piece of paper please indicate your reasons for seeking membership in ALCOA and include details of your organization (mission statement, a copy of the latest Annual Report, details of the programs, etc.)

If approved for membership, we agree to pay ALCOA the dues as a Corporate Member (non-voting), as per the rates applicable below:

\$ 1,500 per year

The ALCOA membership year is April 1st to March 31st.

This application for membership does not constitute approval of membership. ALCOA reserves the right to accept or refuse membership.

I am authorized to make this application for membership on behalf of my organization

Name: _____

Signature: _____ Date: _____

Please mail this application to the Active Living Coalition for Older Adults
P.O. Box 143 Shelburne, Ontario L0N 1S0 Canada.
Tel: (519)925-1676 or 1-800-549-9799 Fax: (519)925-3955 E-Mail:
alcoa3@ca.inter.net