

## ALCOA Corresponding Member Application (Form 2)

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 for a Corresponding Member (non-voting), as per the rates applicable below:

- National or International organizations **\$150**
- Provincial / Territorial Organizations **\$100**
- Educational Institutions **\$100**
- Regional or Local Community Groups **\$50**
- Individual **\$30**

The ALCOA membership year is April 1 to March 31.

ALCOA does not encourage you to include the membership fee with your Application for Membership.

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 at  
P.O. Box 143, Shelburne, ON, L0N 1S0, Canada.  
Tel: (519) - 925-1676, 1-800-549-9799 Fax: (519) - 925-3955 E-Mail: [alcoa@ca.inter.net](mailto:alcoa@ca.inter.net)