



COMMUNITY
REHABILITATION
SERVICE PROVIDER
COUNCIL OF CALGARY

-- MEMBERSHIP APPLICATION FORM --

SERVICE PROVIDER: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

DATE OF APPLICATION: _____

NAME OF EXECUTIVE DIRECTOR: _____

NAME OF REPRESENTATIVE ATTENDING MEETINGS: _____
(Executive Director or name of designate)

TYPE OF MEMBERSHIP BEING APPLIED FOR : *(please circle one)* FULL VOTING -\$150.00
EX-OFFICIO- N/A

SERVICE DESCRIPTION *(Please complete on separate page and attach)*

1. WHAT ARE THE MISSION, VISION AND GOALS OF YOUR AGENCY?
2. WHAT POPULATION(S) DOES YOUR AGENCY SERVE?
3. WHAT TYPES OF SERVICES ARE PROVIDED?
4. WHAT ARE YOUR FUNDING SOURCES?
5. WHY DO YOU WANT TO JOIN THE COUNCIL OF CALGARY?
6. WHAT WOULD YOU BRING TO THE COUNCIL OF CALGARY?

Date: _____

Signature: _____

-- OFFICE USE ONLY --

DATE APPLICATION RECEIVED: _____

DATE FEES RECEIVED: _____

AMOUNT OF MONEY RECEIVED: _____

ORIENTATION MANUAL RECEIVED YES NO