## **Membership Application Form - 2024**

All personal information gathered on this application is strictly confidential in accordance with PIPA and the by-laws of the Society.

I/We (Creating A	Accessible Residentia	wish to apply for membership in the C./ al Environments) Housing Society.	A.R.E.
Address:			
	(City/Town)	(Postal Code)	
Phone #:	Home:	Cell:	
E-mail add	ress:		
Signature:			
Date:		, 2024	

Membership is for the period of January 1 to December 31/24 inclusive

## Type of membership applied for:

- □ **"Caregiver member"** means a member who is, or has been, a parent, foster parent, grandparent, sibling, aunt, uncle, cousin or legal guardian of a member or former member of the Elves population, and/or a resident in a Society group home and/or an applicant for a Society group home.
- □ **"Community member"** means a member of the Society who is not a caregiver member or an associate member.
- □ **"Associate member"** means employees of the Society, an individual representing a company and/or benefactor or a member, who do not have the right to vote at any meetings of the Society.

## This form must be returned to the registered office of the Society by January 31, 2024 for Caregiver and Community members to have voting status at the Annual General Meeting.

