



MEMBERSHIP APPLICATION FORM  
 APRIL 1, 2020 – MARCH 31, 2021

**SECTION ONE: APPLICANT INFORMATION**

Name:		
Address:		
City/Town:	Province:	Postal Code:
Telephone: (Residence)	(Business)	
Email Address:		

**SECTION TWO: MEMBERSHIP RIGHTS AND BENEFITS**

Community Living Association (Lanark County) is a registered non-profit organization committed to supporting individuals with an intellectual disability in their efforts to participate fully in their community. Members in the Corporation are entitled to the following:

- Attend all duly constituted meetings of the Membership;
- Be entitled to one (1) vote at all meetings of the Membership;
- Participate in decisions on matters properly before the Membership; and
- Be eligible for election or appointment to the Board of Directors.

As a member of Community Living Association (Lanark County), you are also eligible to be a member of Community Living Ontario. On an annual basis our membership list is submitted to Community Living Ontario for the purpose of receiving a provincial newsletter and other related information. You will **NOT** be canvassed by Community Living Ontario for donations. Please check one of the two boxes below to indicate your preference.

- Yes, I wish to have my name shared with Community Living Ontario.
- No, I do not wish to have my name shared with Community Living Ontario.

### SECTION THREE: MEMBERSHIP ELIGIBILITY CRITERIA

To be a member of the Corporation, applicants must meet the following criteria:

- Be a person eighteen (18) years of age or older.
- Endorse the mission, vision and values of Community Living (Lanark County).
- Have made a commitment to Lanark County by residing, working, living or owning property in the geographic area that Community Living Association (Lanark County) serves and/or is a family member or member of a personal support network of an individual supported by the organization.
- Complete a Membership Application Form and forward to the individual listed in section five; and
- Pay annual membership dues that have been established by the Board of Directors or have been approved for a fee bursary.

I meet the eligibility criteria for Membership in the Corporation of the Community Living Association (Lanark County) as stated above.

Signature:

Date:

### SECTION FOUR: MEMBERSHIP FEE AND DONATION

Please complete the following and forward the applicable amount.

- |  |           |
|--|-----------|
| <input type="checkbox"/> New Membership or Renewal | \$10.00   |
| <input type="checkbox"/> Donation                  | _____ (*) |
| Total Enclosed                                     | _____     |

(\*) A tax receipt will be issued for donations of \$10.00 or more

It is the policy of Community Living Association (Lanark County) that no individual will be denied Membership in the Corporation due to their financial situation. A limited number of bursaries are available for this purpose. If you require financial assistance to cover your membership fee, please check the box below:

- Yes, I would like to be considered for a bursary to cover my membership fee.

### SECTION FIVE: MEMBERSHIP APPLICATION

Please forward membership application and application fee to:

Sarah Lancaster  
Executive Assistant  
Community Living Association (Lanark County)  
178 Townline Road East  
Carleton Place, Ontario K7C 2C2