



Canadian Assistive Devices Association
 Association Canadienne d'Appareils Fonctionnels

MEMBERSHIP APPLICATION

Company Information New Application Sponsorship Date: _____

Company Name: _____ Telephone: _____ Fax: _____
 Address: _____ Website: _____
 City: _____ Province: _____ Postal Code: _____

Primary Contact Information

Responsible for receiving all official correspondence, paying membership dues, designating company personnel to serve on CADA committees, and updating company information as required.

Name: _____ Title: _____
 Telephone: _____ Fax: _____ Email: _____

Industry Segment

Manufacturer Other: Not-for-profit
 Distributor Association
 Dealer Service Provider (please provide detail): _____

Organizational Focus (please check all that apply)

Prosthetics Hearing Orthotics Respiratory Vision
 Mobility Enteral Feeding Supplies Home Infusion Accessibility Other (Specify: _____)

Committee Interests (please check all that apply)

Dealer Government Relations Membership
 Planning & Finance Communications Annual General Meeting

Membership Categories

Less than \$15 million (annual sales) \$2,000 (+ HST) Not for Profit Association \$1,000 (+ HST)
 \$15 million and over (annual sales) \$7,000 (+ HST)

Dues Amount: \$ _____ (please make cheque payable to **Canadian Assistive Devices Association**)

Sponsorship Interest

Sponsors receive recognition at the sponsored event, acknowledgement on our website, complimentary event attendance, and a subscription to the CADA newsletter.

Annual General Meeting Breakfast and Luncheon Meetings
 Sponsorships are \$500 (please make cheque payable to **Canadian Assistive Devices Association**)

Please Mail Completed Form and Cheque to:

Canadian Assistive Devices Association
 687 Northshore Blvd. East, Burlington, ON L7T 1X5

Telephone: 289.238.2677 Email: b.laidlaw@sympatico.ca www.cadaonline.ca