



MEMBERSHIP APPLICATION

Company Information New Application Renewal 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):

Committee Focus (please check all that apply)

Prosthetics Hearing Orthotics Respiratory Vision
 Mobility Enteral Feeding Supplies Home Infusion Accessibility

Committee Interests (please check all that apply)

Dealer Education Government Relations Membership
 Planning & Finance Communications Annual Dinner Golf Tournament

Membership Categories

Less than \$15 million (annual sales) \$2,000 (+ GST)
 \$15 million and over (annual sales) \$7,000 (+ GST)
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.

Conference Annual General Meeting Annual Dinner
 Golf Tournament Training Sessions Networking Sessions

Premier Sponsor \$2,000 (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: 905.333.8888

Email: info@cadaonline.ca

www.cadaonline.ca