CADA
ACAF

Canadian Assistive Devices Association
Association Canadienne d'Appareils Fonctionnels

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 (+ HST) ❑ 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.

❑ 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