Membership Application Form - 2022

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

I/We memt	pershi	o in the C.A.R.E. (C	Creating Accessible F	Residential Environme	wish to apply for nts) Housing Socie	ty.
Addre	ss: _					
	_	(City/Town)		(Postal Code	e)	
Phone	e #:	Home:		Cell:		
E-mai	l addr	ess:				
Signat	ture:					
Date:			, 20			
Memb	ership	o is for the period o	f January 1 to Dece	mber 31/22 inclusive		
Туре	of me	embership applie	d 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.

This form must be returned to the registered office of the Society by January 31, 2022 for Caregiver and Community members to have voting status at the Annual General Meeting.

