

# MEMBERSHIP FORM 2021-2022

April 1 , to March 31

## Voice of Albertans with Disabilities Membership Networks—Powerful Voices

- Individual Network:** Individuals with a disability, their families or allies from across Alberta.
- Organizational Network:** Service Providers that provide support to people with disabilities .
- Corporate Network:** Businesses and retailers providing products/services to the public.

*Membership benefits:* Informative newsletters, educational opportunities, information updates, involvement in research projects, a printed membership directory upon request, and community networking.

Please Print Clearly

<b>Organizational Name:</b>		
<i>Individual Name:</i>		
<i>Address:</i>		
<i>City:</i>	<i>Prov.:</i>	<i>Postal Code:</i>
<i>Webpage:</i>		
<i>Title:</i>		
<i>Phone:</i>		
<i>Email:</i>		
<i>Facebook:</i>	@	<i>Twitter:</i> @
<i>Description of your business or services provided</i>		
<b>Region</b> <input type="checkbox"/> Calgary <input type="checkbox"/> Edmonton <input type="checkbox"/> Grande Prairie <input type="checkbox"/> Lethbridge <input type="checkbox"/> Medicine Hat <input type="checkbox"/> Red Deer <input type="checkbox"/> Fort McMurray	<b>Category</b> <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Housing <input type="checkbox"/> Medical or Homecare <input type="checkbox"/> Social Supports <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____	
<i>Newsletters &amp; Bulletins:</i> <input type="checkbox"/> Electronic Copy	<input type="checkbox"/> Printed Copy	<input type="checkbox"/> Printed Directory Request
<input type="checkbox"/> <b>Benevolent Request Individual (iVAD)</b>	<input type="checkbox"/> <b>Organizational \$99</b>	<input type="checkbox"/> <b>Corporate \$150</b>

**Please make cheques payable to VAD. Visa and M/C accepted.**

**Donations are greatly appreciated Charitable Registration # 11921 1613 RR0001**

**Thank you for your support and membership.**

**Amount Due: \$ \_\_\_\_\_**

**Paid by:**     VISA     M/C     Cheque # \_\_\_\_\_

**Card #:** \_\_\_\_\_ **CVV#:** \_\_\_\_\_

**Expiry date :** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Card Name:** \_\_\_\_\_



**Voice of Albertans with Disabilities**  
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