



## CDAA Membership Form

Please provide all requested information and print clearly.

Name (First, Middle Initial, Last) \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home PH ( ) \_\_\_\_\_ Cell PH ( ) \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DA School Attended/Location: \_\_\_\_\_ Graduation year: \_\_\_\_\_

How did you hear about us? Facebook \_\_\_ Instagram \_\_\_ Website \_\_\_ Other ( please specify) \_\_\_\_\_

**PLEASE CHECK THE CATEGORY YOU ARE PAYING FOR:**

\_\_\_ \$101 Calgary/Alberta/Canadian DAA Tri-level Member Dues+ Professional Liability Insurance

\_\_\_ \$85 Calgary/Alberta/Canadian DAA member dues (No PLI Included)

\_\_\_ \$40 Calgary/Alberta Member Dues (No PLI or Canadian Membership included)

\_\_\_ \$65 Calgary **Student**/Alberta/Canadian DAA **student** Dues (No PLI Included)

\_\_\_ \$20 Calgary **Student**/Alberta Member Dues (No PLI or Canadian Membership included)

**\*Note: Honorary Members please contact the CDAA at [calgaryrda1@gmail.com](mailto:calgaryrda1@gmail.com) to confirm your payment amount**

**DUES paid by (please select one):** Cheque \_\_\_\_\_ E-Transfer ([treasurer@calgaryrda.ca](mailto:treasurer@calgaryrda.ca)) \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ CVD#: \_\_\_\_\_

**\*Debit /Cash only accepted in person only \* make total dues payable to CDAA \* Receipts will be emailed**

**\*Email payment form to [calgaryrda1@gmail.com](mailto:calgaryrda1@gmail.com) or Mail payment form to P.O. Box 1476 Didsbury AB. T0M 0W0**

- Be advised that the CDAA cannot provide you with complete services unless this form is on file with all of the requested information provided
- Information provided to the CDAA by our members will only be used for association related business. Any information provided will be used in the reasonable and usual conduct of association business including but not limited to: Employment Registry services, Awards and Recognition, Newsletters, Board and Committee business, Continuing Education, Events Registration. Unless specifically notified by an individual member of specific information that is not to be used for a specific purpose, the member gives the CDAA permission to use any information on file for the reasonable and usual conduct of association related business.
- Agree to the use of the following information by the CDAA for the reasonable and usual purposes of conducting the business of the association. I understand that it is my responsibility to advise the CDAA directly of any change to this information when it occurs. I understand that failure to do so may result in loss of benefits or services relying on this information.

I, (Print Name) \_\_\_\_\_ AB License # \_\_\_\_\_ CDAA # \_\_\_\_\_

Signature \_\_\_\_\_